(45)

LIBRARY
NOV 4 - 1966
UNIVERSITY OF TORONTO
1136950

R
11
C3
V.4
no.5-12

THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. JANUARY, 1872. No. 5.

Original Communications.

BLENORRHŒA OF THE LACHRYMAL SAC, WITH CASES.

BY N. BETHUNE, M.D., F.R.C.S., EDIN., LATE CLINICAL ASSISTANT
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,
PROF. ANAT. TRIN. COLL. TORONTO.

Among the affections incident to the lachrymal apparatus, there are probably none which present a more intractable character than those which implicate the lachrymal sac and its adjacent channels; leading, as such affections generally do, to such an amount of obstruction of the latter as to necessitate some mechanical procedure for their permanent restoration before any reasonable hope can be entertained for the permanent relief of the more obvious symptoms.

There is scarcely a necessity to describe what has been variously termed Mucocele, Blenorrhœa of the Sac, &c., as it must have come, over and over again, under the observation of most practitioners, especially in this climate. Suffice it to observe that it comes on very slowly and insidiously, with at first little more than slight lachrymation and puffiness over the region of the lachrymal sac, alternating with changes in the weather; with more or less oozing of a mucoid discharge through the Puncta upon pressure applied over the sac. It may originate either in a prior obstruction of the ducts from catarrhal or other inflammation in neighboring parts, as the conjunctiva or nasal mucous membrane; or it may itself, from repeated inflammatory attacks, lead to secondary occlusion of those channels. In whatever way caused, sooner or later, an obstruction in one or other of the canals sets in, and the complete pathological condition is established.

Periodical attacks of inflammation of the sac, frequently resulting in abscesses, are not uncommon, and these may recur at indefinite periods for a length of time, leading not only to very great annoyance and discomfort to the patient, but to actual disfigurement from the establishment of a permanent, hardened, discolored, sometimes fistulous, and always unsightly patch in the skin, and subjacent tissues in the vicinity of the sac.

The treatment has hitherto been properly directed to the restoration of the obstructed passages; but to show the small measure of success which has attended any one mode of dealing with the matter, we have only to glance at the number of diverse operations which have been proposed to surmount it. There is *catheterism of the nasal canal*, as performed, each in his own way, by Laforest, Bonard, Gensoul, &c.: *Injections*, from above and from below, or through an existing fistula; *Dilations*, either through the natural ducts, or through an artificial opening into the sac; *Formation of artificial canals*, through the lachrymal bone or antrum; or even *extirpation of the lachrymal gland*, and many others.

In those cases which have come under my immediate notice, I have had, as yet, generally no great difficulty in procuring the most satisfactory results from one or other of three modes (singly or in combination) which have been lately recommended to meet the object in view.

In the one case the operation consists in slitting up the canaliculi, and introducing a number of graduated probes from time to time,—as recommended by Bowman.

In the second case—by Herzenstein's process—after slitting up the canaliculi, one or both, a large probe is introduced and the stricture forcibly dilated, on the principle of Bernard Holt, for dilatation of stricture of the urethra.

In the third case, by combining the procedure of Herzenstein with that of Stilling, after slitting up the canaliculus, usually the upper one, and forcibly dilating the *ductus ad nasam*, a narrow wedge-shaped knife is introduced into the stricture, and made to divide it in three or four different directions.

The following cases will serve to illustrate the three different modes of treatment alluded to :

1st. Miss A. B., æt. 50.: Three years ago she first noticed a "weakness" of the right eye, soon followed by congestion and subsequent inflammation of the conjunctiva, with burning pain, and discharge (probably catarrhal). After applying poultices and lotions, the inflammation subsided, but the eye continued weak and watery, so much so as to require the constant application of a bandage for five months, and seclusion in-doors. When she first came under my notice, in July; 1869, the conjunctiva of the right eye was somewhat injected and watery, and there was an evident puffiness below the inner canthus. The lower canaliculus was divided, and after being allowed to remain quiescent for two or three days, a probe (No. 3 Bowman) passed in the direction of the *ductus ad nasam*, was with great difficulty insinuated through a stricture in that canal. The same probe was subsequently passed with much less difficulty for a fortnight (twice a week), after which time larger probes—up to No. 6 Bowman—were gradually introduced up to the sixth week, when my attendance ceased. From that time—now more than two years ago—she has suffered no inconvenience whatever, and considers herself perfectly cured.

Cases 2 and 3 occurred in the same individual.

Mrs. A. B., æt. 56. About 28 years ago she was attacked with severe inflammation of the right eye, for which she was treated by leeching, &c., at the Glasgow Eye Infirmary. As this subsided the left eye became similarly affected, but to a much less extent. She eventually got pretty well, except that when she caught cold, inflammation was apt to occur in both eyes; and this state of things went on for years, at variable intervals. About seven years since, during one of these attacks, the inflammation seems to have crept into the right, and subsequently into the left lachrymal sac, resulting, in the case of the right, in an acute abscess, and in both in complete closure of the nasal ducts, as shown by a backward flow of fluid through the canaliculi by pressure upon the sacs.

I first saw this patient in March, 1869. Both eyes were very watery, and the parts below the inner canthus full, giving a peculiar flat appearance to the bridge of the nose. On pressure a thick glairy fluid regurgitated into the inner angle of the eyelids. She was unable to read or sew without being obliged to wipe her eyes every few minutes. The right lower canaliculus was slit up, and a small probe passed with some difficulty into the nasal duct. A few days afterwards the large sound of Weber was forced through the passage, and the parts kept dilated by means of the same sound, at intervals of a few days, for about 3 months.

On the left side, the lower canaliculus was also divided some days subsequent to the first operation, and the nasal duct forcibly dilated by Weber's large sound, after which it was never meddled with again.

She can now (Dec., 1871) read or work at her needle, by day or night, for two hours at a time, without the slightest lachrymation or other inconvenience. Both nasal ducts are perfectly free.

4th. Mrs. M. A. W., married, æt. 30. In autumn of 1868, the right side of the face became swollen and painful, as if—as she described it—from toothache. When the swelling subsided, there remained a small, hard lump below the inner canthus, persisting for two years. At first, pressure upon this lump caused a discharge into the nose, but latterly this passage became occluded The lump increased in size some time after it first appeared (Aug., 1870), became very painful and suppurated, and was relieved by incision. It subsequently inflamed, suppurated, and was lanced repeatedly, till she first came under my observation, in August, 1871, at which time she was suffering from continual irritation of the right eye, there being at the same time an indurated, painful, discolored patch below the inner canthus. This shortly suppurated and was relieved by puncture. Shortly afterwards, when the inflammatory symptoms had subsided, the lower canaliculus was freely divided to the sac, and after having been allowed to remain quiet for two or three days, a probe, passed in the direction of the nasal duct, revealed the presence of a stricture in that canal. The larger division of Weber's biconical sound was then forcibly pushed through the constricted portion, and after a few minutes, withdrawn. This operation was repeated about once a week for six weeks, after which time the patient complained of no uneasiness, every remnant of the unsightly patch upon her cheek having disappeared.

In the fifth and sixth cases the procedure employed was a compound of that of Herzenstein and Stilling. Both resulted in a perfect cure; and are remarkable, as they occurred in the same individual. I shall here state the case in the patient's own words.

J. J. C., æt 28, of a robust constitution, had suffered from stricture of both nasal ducts for a period of fifteen years.

When thirteen years of age, he noticed a free discharge of tears over the cheeks during the winter months. In summer he felt very little annoyance. Pressure over the lachrymal sac always caused an evacuation of water and mucus through the canaliculi. The stricture on the left side was complete from the first; but for a period of several years he could by gentle pressure force the tears downwards into the nose on the right side. These symptoms followed close after a cold resulting from exposure during a storm in December, 1869. When this patient first came to me, I slit up both canaliculi of the right side. After allowing a few days to elapse I passed a small probe through the nasal duct of the same side, which, as I previously remarked, was not completely obstructed. I then passed the larger division of Weber's biconical sound forcibly through the constriction, thus establishing a free channel into the nose. Great relief followed this operation; some time subsequently, however, the channel still remaining somewhat impeded, I introduced Stilling's knife, and notched the stricture in three different directions. Strange to say, the patient did not consider either of these operations at all severe, for they are usually very painful. Two days after the cutting operation, he was able to appear in public without any discolouration of the integument or any subsequent discomfort; in fact, the cure of the stricture was complete and required no further treatment. So much then for the right nasal duct, and now for the left.

During the summer of 1870, the patient, not being troubled, thought little of the stricture of the left side; but the cold winds of winter drove him once more to seek relief in an operation.

This stricture was complete, and the patient felt some slight apprehension of the probing, inasmuch as some years previously an attempt by another surgeon to force a passage had resulted in the formation of an abscess in the lachrymal sac. However a plan of treatment precisely similar to that employed so successfully in the right, was in the left, followed by an equally flattering result. He can now (Dec. 1871) pass hours exposed to the cold winds of a Canadian winter without the slightest lachrymation, and the openings through the once strictured ducts are so free that he can, by closing his nostrils, audibly draw the air downwards through the ducts, or expel it upwards at will.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

ADDRESS OF DR. COVERNTON, PRESIDENT.

GENTLEMEN:—You may probably question the necessity or expediency of summoning the Council for the re-consideration of a subject that has already been pronounced upon at the June session, but as the matter in issue was then brought up for debate after several members of the Council had left, and is likely to prove a grave cause of dissension unless some satisfactory adjustment for all the schools can be arrived at, after consultation with my brother colleague—Dr. Hamilton—and other members of the Executive, I thought it better to incur your censure for what, in your judgment, may be viewed as an ill judged and hasty decision, than to have hereafter to reflect that our Medical Bill, which, although of a composite nature, certainly contains a ground of hope for an improved status, both general and professional, had been sacrificed for want of an effort to harmonize discordant views.

There are none present, I apprehend, prepared to maintain that a return to the licensing power formerly possessed by numerous colleges and schools, would be better than the existing arrangement of a General Council and Board of Examiners, either for the public or the profession; and who would not be willing to exhaust every effort consistent with honor and self-respect, rather than have the present Bill repealed or so changed as to be worthless?

The Legislature of Ontario, reposing confidence in the judgment of the University and Territorial representatives provided in the Act, have deposited the power of governing the profession in their hands, conceiving that they would be alive to its honor, and zealous to promote and direct medical studies according to the advanced state of our science, and meriting by this quality the confidence of the members of the profession.

This high office of controlling the whole body of practitioners and students is now upon trial, and upon your calm and deliberate action, gentlemen, may possibly depend its future measure of power, and the solution of the problem of whether it is possible to steer a straightforward course between Scylla and Charybdis.

Imperfect and objectionable as the Bill by many may be viewed, it has been highly commended by the leading members of the profession in the United States, and an earnest wish has been expressed in the medical journals of various States that a similar Act might be obtained from their Legislatures.

To maintain usefulness and efficiency for the present Bill, it appears to me that the composite nature of our Council should make us pause before acting as the special advocates for this or that party. Of the probable interested nature of an exaggerated advocacy of medical dogmas, the public is so impressed that none but the most violent will bind themselves absolutely to the shibboleth of a party or credit the unconfirmed statements of either side; and if we hope, in time, to abolish the distinctions of practitioners, we must require a uniform education, embracing the several systems of therapeutics. Under the existing system of written and oral examinations only, I can hardly agree with the Editor of the *Lancet*, that we have no right to inquire where a student has obtained his knowledge or concerning the time occupied in acquiring it, as we all know that it is quite possible for a hard-working man by a system of grinding to pass any examination he may be subjected to; but what guarantee would that test alone afford of the efficiency of the candidate for grappling with the serious responsibilities of practice.

> "*Segnius irritant animas demissa per aurem.*"
> "*Quam quæ sunt oculis subjecta fidelibus.*"

To dispense with curricula, a far more crucial test must be insisted on; the lax system of two years ago must be replaced by a far more searching one than even the present, and an ordeal similar to that suggested nearly forty years ago by the late eminent surgeon, John Lizars, substituted, viz.,—The chemical examination should take place in the laboratory; the botanical in a botanic garden; the anatomical in the dissecting room; the medical and surgical in the wards of an hospital, the pathological in the museum, and so on, with every subject capable of being submitted to the senses. Such a method would afford the requisite evidence that a period of time longer even than our curriculum involves, had been devoted to the requisition of medical and surgical knowledge, but would prove, by removing all restrictions, highly detrimental to the interests of our universities and schools. After their generous surrender of the right to license, it should surely be the duty of the Council to foster home interests as far as in any way may be compatible with justice to the student, and I trust you may at this meeting be able to agree on such arrangements as will preclude the necessity of an appeal to the Legislature.

The only possible unfavorable comparison that can be drawn between our schools and those of the large cities of the United States and Europe, is, as regards our limited opportunities for clinical teaching. This, I would fain hope, might be remedied by a forcible representation from the Council to the Ontario Parliament, now in session, that any project for reform in teaching to be successful, must be dependent on the endowment of our hospitals, as in them all the accidents and diseases, which it is the glory of our profession to relieve, are accumulated for the purposes of the purest charity, for the enlargement of the domain of science by the best practitioners of the day, and, what is of equal importance to the public, for the instruction and improvement of the students who are afterwards to dispense their knowledge and skill in a thousand different channels. I conceive that it should be the object of a parliamentary committee to inquire into the present state of the funds of existing hospitals, and on finding—as they unquestionably will—that they are utterly inadequate to the wants of the public and of the schools, to devise some means for supplementing them to the extent required. It should further be a matter for enquiry, whether the profession in the various cities where the hospitals are located, should not have a voice in the appointment of the medical officers, and that these should be employed according to some system of relation for the discharge of their important duties, thus affording an excellent opportunity for giving to the most promising young members of the profession the benefit to be acquired by hospital practice, and opening the road to eminence by allowing unpatronized talent to make its way before the public. Eminent practitioners in advanced life, whose services have been appreciated, who have had their day, should be retained as consulting officers, and as such would do good service after their retirement. Under this improved regime we should have an opportunity of opening wards for the professors of the homœopathic and eclectic doctrines, and of thus affording them the best possible chance for proving their oft-repeated assertions of the superiority of their therapeutics over ours.

Such a concession made freely, and not in the Brabantio style of—

> "We here do give you with all our heart,
> Which, but you have already, with all our heart,
> We would keep from you."

would surely be held by the honest believers in these doctrines as a great boon; for as figures cannot lie, they would be thus afforded the opportunity of proving to a mathematical demonstration that, under their treatment, the death rate was less than under the Allopathic.

To place the profession in a position which would render trickery a less tempting adjunct to success in practice, I would even venture to suggest that the system of medical education in the future should be common and compulsory on all; that at every school there should be a teacher of homœopathy and electicism, and attendance upon a certain number of lectures on each of these subjects, necessary for the completion of the curriculum.

The student would then be instructed on the extent to which the presumed general principle of homœopathy, "*Similia similibus curantur,*" was to be relied upon.

On the vanishing point of Hahnemans' theory of dynamization—that infinitesimal doses are not only potent, but potent in the ratio of their minuteness; of the period at which, distrusting the *vires medicatrices naturæ* as being equal to the emergency, he should abandon the globules, and by some subtle process of casuistry, which the professor would probably discuss in his lecture, whilst still professing to be treating the patient homœopathically, to adopt allopathic remedies and doses. In eclecticism, I presume, the student would be cautioned against implicit belief in the theories of the Dogmatists. Rationalists, Vitalists, Humoralists, Solidists, Empiricists, Homœopaths, and Chemicists, etc., to hold rather that the entire truth of medicine did not rest in any one of these systems, and that in treating a case, not being able to establish any general rule, they should be guided by fancy or circumstances. Moreover, as in the judgment of the members of this school, our pharmacopœia was not already sufficiently encumbered with remedies, the lecturer would dilate upon the great power and efficacy of the numerous drugs they have introduced to notice.

By some such plan there would result to the future practitioners, with equalization of privileges, an equalization of knowledge of the different systems of therapeutics, and by this courteous concession we should retain in our schools a large number of our young men who go now yearly to the United States for their medical education. I shall almost certainly be met with the question,—

"How can these contrarities agree?"

I think I can best reply with a French proverb,—

"*Les extrémes se touchent,*" further that no time can be more opportune for an impartial consideration of our disagreements than the present crisis, and for an honest endeavour to establish a new and enduring foundation for our College of Physicians and Surgeons, so that the dream of a local habitation, even although it be of far more modest pretensions than the imposing structure in this city devoted to Themis, may at no distant day be realized with all the advantages of Council Chamber, Library Pathological Museum, and offices for President, Registrar, Secretary, and Treasurer.

By a co-ordination of the schools, all artificial distinctions of practitioners would in a short time be abolished, and we might venture to hope that even in the lifetime of the senior members of this Council the wranglings of school-men would so far have diminished as no longer to afford a resemblance to Hobbes' description of the primitive condition of man, "A congeries of atoms, owning no authority, and engaged in perpetual war."

At the recent meeting of the Executive Committee, the question of the possibility of the Council devising some scheme for remedying the hardships of rejected candidates for the final, having to wait a year before they could present themselves for re-examination, was discussed, and the hope expressed that, by the appointment of a central committee of the Board of Examiners, relief might be granted. There is another subject that I should like to draw the attention of the Council to,—viz., the remission accorded to our graduates at the London College of Surgeons, on presenting themselves for the diploma of that body, of all subjects but Anatomy, Surgery, and Physiology, and I have no doubt that at this meeting the Council will consent to the same remission of subjects to members of the Royal College who, with the intention of making this Colony their permanent home, seek registration in our Ontario College of Physicians and Surgeons. By an unsolicited grant of privileges, equal to those allowed, by this time honored College, upon whose roll of fellows and members the most illustrious names in surgery are recorded, we are certainly more likely to obtain the reciprocity that, we conceive our curriculum and examination entitle us to, than by a determination to place members of British Colleges who have been admitted since the passing of this Act in the same category with students. I have forwarded to the Secretary of the London College of Surgeons, to the Deans of the Universities of Edinburgh, Dublin, Glasgow, Aberdeen, and St. Andrews, our announcement for the Academic year, 1871–72, by which they will perceive that, although in clause 7, section 3, there is a novelty that, to them unacquainted with the position of the profession in this country, may appear questionable, there remains in the whole character of the curriculum and examination a thoroughness that not only surpasses any test of fitness on this Continent, but may fairly compare with any system of examination in Europe, excepting of course the French mode of "Concours" for the appointment of professors.

With such evidence of care and deliberation displayed by the Educational Committee of this Council, and the notice by the Editor of the *Lancet* in the August number of this year, of the significant fact that neither at the examination held at Kingston, nor at the subsequent one held at Toronto, did a single student claim the privilege of being examined in the last four branches, viz., Materia Medica, Midwifery, Surgery, and Theory, and Practice of Medicine, by either eclectic or homœopathic examiners,—the time, I think, is not far distant when the several colleges of Great Britain will offer complete reciprocity to our Licentiates.

I have received numerous complaints from members of the profession in relation to the inoperativeness of the penal clause in our Medical Act, with requests that at the first meeting of Council I would bring the matter before you for consideration. I am aware that there is a diversity of opinion among the members as regards the expediency of going to the Legislature for any amendments, yet I should be fairly open to censure if I failed to advert to what I am well assured is a general and deeply rooted cause of dissatisfaction.

Dr. Strange has published, in the October number of the *Lancet,* a draft of a Bill to amend the present Act, so as to enable the Council to avoid the expense incurred under the present system of election, and for the purpose of making the penal clause more efficient. If the Council would appoint a committee to report upon it, and either take action or furnish sufficient reasons to the Profession for delay, the members would thus be absolved from the charge of supineness continually made.

As the Legislature is now in session, I consider the moment favorable for again bringing to your notice a subject that some years back, when the Council assembled in Guelph, Dr. Workman most ably commented upon. I refer to the increase of the crime of Criminal Abortion. That more stringent legislative enactments than any now in force against the sale of noxious drugs are imperatively called for, is sufficiently evident, and unfortunately it is equally evident, from occasional disclosures in the newspapers, that unworthy members of our profession are to be found—let us hope but rarely—capable of lending themselves for reward to the perpetration of such iniquities.

In the nonage of this Council, it seems to me that we are imperatively called upon to exercise all the influence we can bring to bear on the Legislature for the suppression as far as possible, by new enactments, of this foul crime, and not allow our modern *Sponsio* to suffer by comparison with the ancient Hippocratic oath, which reads thus:—"I swear by Apollo the Physician, and Æsculapius, and Hygria, and Panacea, and all the Gods and Goddesses, that I will keep this oath, that with purity and holiness I will pass my life and practise my art, that I will give no deadly medicines to any woman to procure abortion, nor suggest any such counsel."

With such an admirable example set us, by the old Pagan physicians, it is surely incumbent on us who have a higher morality enjoined, than that inspired by Pantheism, to endeavor, with all the influence we may possess individually or as a corporate body, to call the attention of Parliament to this crying evil.

CASE OF RETROFLEXED UTERUS.

BY A. ARMSTRONG, M.D., ARNPRIOR, ONT.

I was called on the 17th of October, to see Mrs. H., æt. about thirty-two years; the mother of three children, who was suffering intense pain in the lumbar and pelvic regions. On my arriving at the bedside of my patient, I at once made an examination per *vaginam*, and found the *os uteri* low down in the vagina, and a tumor in the fornix vaginæ, which on careful examination, per vaginam, per anum and externally, found to be the body and fundus of the uterus. It was firmly packed in the fornix, and against the bowel, causing great tenesmus, and every effort at relieving the bowels increased the pain and bearing down of which she complained so much. She vomited several times before my arrival and also during my visit. Not having micturated since the evening of the 15th, the bladder was much distended, which increased the difficulty. As I was about to use the catheter, my patient cried out that she wanted to relieve her bowels. She had scarcely uttered the last word when she sprang up in the bed screaming with violent pain. I placed her on her face and knees, passed the index and middle fingers of my right hand into the vagina and attempted to press up the fundus; succeeded in elevating it slightly; but not finding it ascending sufficiently, I at once, with my left hand pressing on her back, passed three fingers of my right hand into the anus, which was somewhat relaxed from diarrhœa, from which she was suffering when this attack came on, and pressing firmly and steadily, I at length succeeded in removing from its impacted state the fundus uteri. Fortunately for the distended bladder the abdominal muscles were then in a flaccid state. She was so sensitive to the slightest touch in the region of the pelvis that she begged of me not to pass the catheter. I gave her half-a-teaspoonful of Tr. Opii., and sat down to watch its effect. I then examined her pulse and found it small, wiry, and about 140; her tongue furred and brown on the sides, red in the centre and tip. Seeing that she yet suffered much, I gave her about 2 grains of Pulv. Opii and as much Hydrarg. Submur, and left five more such powders, to be given every hour or two, as required to relieve pain and tenderness. Also ordered turpentine stupes to be applied to the abdomen and kept there by a bandage, as I still continued to keep her on her face and knees. After remaining for a short time after the administration of the last dose, and seeing her relieved, I directed the attendants to keep her in this position so as to favour the gravitation of the uterus to its normal position, and also to watch her face that she might not smother in the feather pillow. I then left for home, promising to visit my patient the same day. I called again about midday and found she had voided urine to the amount of about three pints, or probably more, and improved generally. Continued powders, and ordered hot hops instead of turpentine stupes. She complained of thirst and was somewhat feverish. I ordered the following mixture:

℞.—Spt. Æth. Nit.,	℥ ss.
Ext. Buchu fluidi,	ʒ ii.
Liq. Am. acet,	℥ iv.
Aqua Camph. ad,	℥ viij.—M.

Sig: A tablespoonful every two hours as long as fever lasted.

I may here mention that the retention of the urine was occasioned by the pressure of the womb in its abnormal position against the neck of the bladder, and as soon as the womb regained its normal position the bladder was relieved and its contents emptied.

18th. Improving. She was rather weak after the acute symptoms had subsided, and the uterus being still slightly relaxed, slight leucorrhœal discharge began to make its appearance, the result of the recent endometritis, accompanied by metritis and pelvic cellulitis. I prescribed as follows:

℞.—Quiniæ Sulph,	gr. xlviii.
Ferri Sulph.,	ʒ ss.
Syr. Zingib.,	ʒ j.
Ext. Nuc. Vom. fl.	
Tr. Ergotæ, aa,	ʒ iss.
Aq. Cinnam., ad	℥ viii.—M.

Sig: A tablespoonfull three times daily.

I also ordered Ol. Ricini to move the bowels.

Previous to this attack my patient was a sufferer from derangement of the liver and stomach (an old dyspeptic), her breath smelling strongly of fœcal matter. She was also Phthisical.

20th. All the symptoms very much improved. From that time she progressed favourably, and is now able to take charge of her household affairs.

As to the cause of her attack, I am inclined to believe it resulted from the above mentioned inflammation, which tended to weaken the uterine muscular fibre and ligaments. The bowels were also inflamed from excessive purging caused by some powders which she had taken "to act on her liver and womb," as she stated, and to bring on her monthly flow." From the appearance of the stools the purgative was rather too much of a drastic nature for her delicate constitution, and, as I stated before, it was during the apparent diarrhœa that remained that she was seized with the attack described. Although I never attended this woman previous to my visit of the 17th, from what she told me of her previous ill health, I am led to believe she was a sufferer from Prolapsus Uteri in a minor degree since the birth of her first child.

RUPTURE OF THE RECTUS FEMORIS MUSCLE.

BY KELLY ADDISON, M.D., FARMERSVILLE.

In my edition of Druitt's Surgery, reference is made, in a marginal note, to a case of rupture of the rectus femoris muscle, in the Med. Gaz., Oct. 19th, 1841, from which I infer that such accidents are uncommon. In that case the rectus did not unite. Perhaps it will, therefore, not be uninteresting to some of your readers to direct attention to the following:—

H. Alguire, Esq., of this village, was riding at night over a rough road on a loaded wagon, and the wheels on one side coming in contact with a large stone in the road, he was suddenly and forcibly thrown from the wagon; and, having attempted to save himself by an effort to alight on his feet, he discovered, on rising from the ground, that he had lost the use of his right leg. I found, on examination, the tendon of the rectus femoris, where it unites with the upper border of the patella, completely separated from its attachment as if cut off with a knife, freely admitting the edge of the hand between them.

As I acknowledged myself not very familiar with the best possible method of treating the case, the patient summoned Dr. Brouse, whom I had not the good fortune to meet, but who left for me a written statement of his method of treatment. I subsequently wrote to Dr. Horatio Yates, of Kingston, on the subject, who promptly gave his views, in his usually kind way. Through the medium of your valuable journal, I now beg leave to state the method I adopted, and its results.

I had in my possession a double inclined plane of home manufacture, hollowed out for the thigh as well as for the leg. The hinge was removed and a straight piece of board was screwed to the bottom of either piece, so as to prevent any motion at the joint. The limb, being placed in it, the foot was bound to the foot-board, which was the fixed point in the apparatus.

At about the middle of the thigh, on the upper edge of the thigh piece, on *either side*, I attached a small piece of tape. Taking a piece of elastic, such as is used for garters, and making it of double thickness by means of a number of stitches at short spaces, to increase the tension, I fastened one end of the elastic thus doubled, to one piece of tape, and passing it through a loop attached to the edge of the thigh-piece near the knee, to prevent it from slipping, and drawing upon the elastic, I passed it round the lower edge of the patella and through another loop near the knee, and I attached the other end of the elastic to the tape on the opposite side. The elastic thus hugged the lower border of the patella tightly, and carried it upwards, and so continued to approximate the upper part of the bone to the end of the tendon. A strap of adhesive plaster was placed transversely over the patella still further to retain it *in situ*—the limb being bound to the splint by a few bandages and slightly raised above the line of the body.

In the neighborhood of the injury there soon appeared to be a considerable degree of inflammation, eventuating in a diffused, undefined, firm callus, extending between the patella and the end of the tendon.

Mr. Alguire, who is upwards of 60 years of age, remained on his back over ten weeks with the apparatus on the limb as above, before he could be induced to leave his bed, and only then with another smaller straight splint at the back of the limb. This splint being finally removed, at the end of three months he commenced walking with the assistance of a staff,—having a considerable halt in his gait; but, being careful not to expose himself to the chances of undue exertion, now, at the expiration of little over a year, having thrown away his staff, he walks with a very slight,—I had almost said, imperceptible, halt.

REPORTS OF SOCIETIES.

MEDICAL MUTUAL IMPROVEMENT SOCIETY.

St. Catharines, Tuesday, June 13th, 1871.

Dr. Mack enquired if a remarkable form of aphasia had been observed in patients under the influence of hydrate of chloral. Dr. Oille had observed that effect.

Dr. Comfort also spoke of the marked difference upon the sensorium of the action of that drug from the various narcotics—especially opium.

Dr. Sullivan asked if the other members agreed with him in doubting the occurrence of vaccino-syphilis. He had seen very grave symptoms produced from vaccination, accidentally, with the "grease" from horses, and from a diseased condition existing in an active form in the animal from which the virus is obtained; but he did not believe that constitutional specific disease could be so propagated when in an inactive state.

He considered recourse to bovine vaccination, after the transmission of the virus, a limited number of times, and when vaccination with good lymph or crust had failed, very advisable Dr. Comfort was of the opinion that specific disease could be propagated from the use of vaccine virus.

Dr. Oille reported a successful case of acute rheumatism treated with Actæa.

PERI-UTERINE ABSCESS.

Dr. Mack remarked that he had found the Abscesses, usually called "pelvic" or "iliac," the most frequent in occurrence, the most important to diagnose, and the most necessary to be well understood of any purulent collections within the abdomen—a region where all suppurations are of peculiar significance. He spoke now of Abscesses which form in connection with the uterus and its appendages, both in the puerperal and non-puerperal states.

In the latter the collection seeks an outlet more usually *per vaginam aut rectum,* and should have as early relief, by surgical means, as possible. In the former it may point, if externally, below Pouparts ligament, or higher up in the iliac region, or in front above the pubis, or into the perineal region.

Internally, it fortunately seldom happens to burst into the peritoneum, but seeks an exit as above stated—through the vagina, rectum, bladder, or colon. Of all modes of discharge he believed *per vaginam* to be the most favorable, and when the exploring trocar shows that it can be reached from the outlet, aspiration, or some contrivance of that nature, should at once be made use of to suck it out. If it forms again the cavity should be carefully washed out (after previously enlarging the opening by dilating with a proper forceps, or sponge tent if necessary) with a weak solution of carbolic acid.

The same mode of procedure was advisable when the drain was not practicable *per vaginam*, but still within reach. There is no Abscess requiring to be opened more promptly than these peri-uterine ones. Dr. M. had early seen the necessity of this, when called in consultation to a puerperal case when fistulous openings had formed in the perinæum and vagina, and ultimately into the bowel, terminating, after six months of great suffering, in death. There is a suppurative constitution which must often have fallen under the notice of the gentlemen present, generally occurring in the strumous habit; such patients are liable to pelvic Abscess, and generally do well if the Abscesses be promptly opened.

The subject could not be fully entered into separately from pelvic cellulitis, in connection with which he hoped at an early date to bring it again under the notice of this society.

Dr. Sullivan then read the following reports of the clinical observation of the disease occurring in his own practice :—

"I propose laying before the meeting the report of a couple of cases of pelvic Abscess, which lately came under my observation, and in which I had the good fortune to be associated with two of the gentlemen present.

Pelvic abscess is most important to the diagnostician. 1stly, on account of its insidious approach and progress, frequently escaping diagnosis until it has produced serious constitutional results and pathological changes. 2ndly, In its return again, after its apparent cure, to exhaust still more the strength of the unhappy patient who, after months of suffering, congratulated herself on the prospect of an uninterrupted, if not speedy convalescence.

3rdly. The inadequacy of remedies to palliate until nature in her tardy progress gives relief by elimination, the exhausted patience of friends and doctor, and the possible termination of the case from exhaustion, or some untoward complication.

The essence or predisposing cause, seems to be due to an unhealthy condition of the blood, as erysipelas and effusion of fibrin or other morbid products into the cellular tissue surrounding the uterus and ovaries, excited by some local irritation, such as the puerperal state, or injury to the pelvic organs.

Bernects and Goupil state that it is a common disease, and may be produced by menstrual derangements, blennorrhagia, etc., and they state that the effusion is owing to pelvic-peritonitis.

Dr. G. Hewitt considers it due to subperitoneal effusion, although the peritoneal substance may be affected.

Dr. West calls it "acute purulent œdema."

Virchow styles it, diffuse puerperal metritis and peri-metritis.

Dr. Churchill is of opinion that inflammation of the uterine appendages is generally combined with more or less inflammation of the peritoneal sac.

The experiments of Konig are interesting, as they tend to show the probable course of the effusion, and account for the tedious character of the disease; he injected the cellular tissue after death in labour, and found that air or water travels along the psoas and iliacus into the pelvis proper, and starting from the antero-lateral portion of the cellular tissue where the body joins the cervix uteri, fills the tissue of the lower pelvis laterally to the uterus and bladder, and along the round ligament to Poupart's ligament, thence backwards and outwards to the iliac fossa, from the posterior part of the base of the lateral ligament; the part first filled is the fossa of Douglas, thence it may pass in front of the bladder, and extend upwards between the peritoneum and abdominal fascia. The following case is quite typical and had an erysipelatous origin as proved by the development of erysipelas in the child.

I attended Mrs. W. æt. 38, in her seventh confinement, on Nov. 2, 1870. She had a natural labour of three hours duration. On the night of the 3rd, she was attacked with severe rigors, great pain in the lower part of the abdomen, quick pulse and irritative fever. Applied warm fomentations to restore suppressed lochia, and allay pain, prescribed Pulv. Doveri gr. viij Ant. Tart. gr. ⅛ every four hours. Next day lochia had returned slightly, pain was relieved; prescribed a mild purgative to be followed by Quinia Disulph. She convalesced rapidly, and I did not again see her until the 27th, when I was called to treat the infant for phlegmonous erysipelas of the face and arm; I prescribed Sol: Ferri. to child as a local application, and I ordered quinine for the mother with Tr: Ferri. On Dec. 1st, I lanced the child's arm which discharged pus freely. The mother attended but did not suckle the infant; she looked pale and worn, and complained of dorsal pain, and soreness over the abdomen; rest was enjoined, and ordered Sol. Amm. Mur. and Tr. Hyoscyamus, warm fomentations to abdomen, Morphia Sulph. at bed time. I again saw her about the 28th Jan. she complained of great pain in the right iliac region; appetite very bad; hectic symptoms; weak, rapid pulse; attributed her rigors to ague, insomania and night sweats. On examination a hard circumscribed tumor could be detected in the right iliac region intensely painful, and as hard as a stone; no heat of vagina; can move the uterus without causing pain; micturition frequent; bowels regular; no drawing up or pain of affected side. Ordered warm fomentations; poultices of slippery elm; warm water enemata and warm vaginal injections of infusion of slippery elm, quinine, generous diet, and stimulants. This state continued till Feb. 12, when in consultation with Dr. Goodman, who coincided in the opinion that a pelvic abscess had formed, an early opening was decided upon, Sulpho-carbolate of quinine with decoction of cinchona were prescribed, and emenata of cod liver oil, and a blister over the tumour. On the 29th Feb., a subcutaneous incision near Poupart's ligament was followed by the discharge of about 6 oz. of healthy pus, with the subsequent drainage of about 2 oz. of pus into the poultices; the abdomen was bandaged, and poultices of slippery elm persevered with, and she improved until about March 15th, when a return of the symptoms took place. The abscess was again opened with a trocar near the first incision, and the contents were well pumped out with an exhausting syringe. From this time she convalesced slowly, and on the 3rd of April, her recovery was complete. I would remark that in this case, chloral in doses of 30 grains proved ineffectnal as a hypnotic.

Mrs. C., mother of 6 children, enjoyed good heath until three or four days prior to January 31st, 1871. Complained of nausea, want of appetite, pain in the back, bearing-down, difficult micturition, bowels costive, tongue furred, slight fever, pulse 85 and weak.

On a vaginal examination I discovered a tumour in the recto-vaginal fossa; posterior wall of vagina depressed and thrown into rugæ; anterior wall drawn backwards; os uteri thrown up; uterine canal directed forward; bladder slightly distended; could be felt above the symphysis pubis. On examination per rectum, found a soft doughy tumor. Administered castor oil and an enema of soap and water, which produced copious alvine evacuations. She objected to catheterism, and as she stated that she made a sufficiency of urine, I did not press the matter, but proceeded to reduce what I supposed to be a retroverted uterus by the usual manœuvres; not succeeding I proposed consultation with Dr. Mack.

The following morning, in consultation with Dr. Mack, Mrs. C., after evacuation of the bladder and rectum, was placed under the influence of a mixture of ether and chloroform, and having placed her with her hips at the edge of the bed, in the lithotomy position, the os uteri was seized with a single toothed forceps and drawn downwards, while firm pressure was made upwards per rectum. No change occuring in the state of affairs, the uterine sound was introduced, and the question of pregnancy being decided in the negative, it was concluded to open into the tumor per vaginam with a trocar. As the patient was very intractable this operation was postponed until the following day.

On the following morning Dr. Mack introduced an exploring trocar and found the tumor to be pus. A trocar and canula with stopcock, used for evacuating the pleura in hydrothorax and empyema, was then plunged into the mass *per vaginam*; the exhausting syringe having been attached, about a pint of pus was drawn off. Vaginal injections daily were directed, and pills of Sulpho-carbolate of Quinine were prescribed.

No further surgical interference was found necessary, and in about three weeks she was convalescent.

IMPROVED HYPODERMIC SYRINGE.

* * .* There are four circumstances which are of the utmost importance for the successful employment of hypodermic medication. They are as follows:

1st. The quantity of fluid injected.

2d. The degree of the acidity of the solution.

3d. The kind of needle employed; and,

4th. The size of the syringe, and the method of manipulation.

Prominent among the circumstances which concur to bring about unfavorable results must be mentioned *a solution that is too dilute.* The injurious effects which result from this cause are chiefly due to the mechanical distension of a large quantity of liquid. This, by rupturing the smaller blood-vessels, permits subcutaneous extravasations of blood, and, by separating a large surface of cellular tissue, and exposing it to the action of a foreign fluid, furnishes conditions admirably adapted to induce inflammatory action.

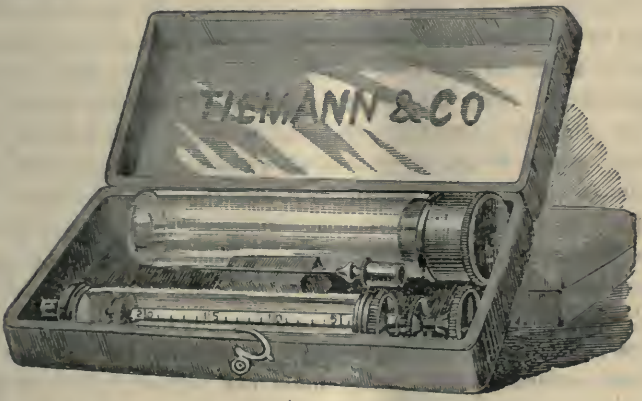
Another circumstance—one more potent for evil than the former—is *a solution too strongly acid.* I formerly used a solution of strychnia, made with dilute phosphoric acid, as being much better than one made with sulphuric acid. It is certainly true that a smaller quantity of the former is as effectual as a larger amount of the latter, yet I have latterly discarded all solutions in which a mineral acid is used as a solvent, and now employ one made with acetic acid. This, being an organic acid, does not seem so irritating to the tissues in which it is thrown, while its solvent power is certainly as great as that of either of the others.

The *kind of needle used* is also of great importance. Judging from analogy, we should be inclined to think that the nature of the materials entering into the composition of the needle would be of interest when the subject of the causation of abscesses is under consideration. The liability of all steel instruments to become tainted and poisoned from long usage is a fact well known to surgeons and instrument-makers. * * * No amount of attention on the part of the physician will enable him to keep a steel needle bright, clean, and in good condition when the solution he uses has an acid reaction. The inside will be corroded in all cases, and sooner or later the outside will get into the same state. The material possessing the greatest advantage of which it is possible to make a needle is gold. This metal, as is well known, is admirably adapted to withstand the influence of both strong and weak acids, and never corrodes. It is, therefore, entirely free from the danger of becoming poisoned, and thereby producing abscesses.

Of fully as much importance as any of the points mentioned is *the size of the syringe* and *the method of manipulation* in performing the operation of injecting the solution. The syringe should be so small that, when charged with the liquid to be injected, and armed with the needle, the end of the piston can rest against the hypothenar eminence of the right hand, while the extremity of the needle should project about half an inch from between the ends of the first and second fingers, in which position it can be retained by a moderate pressure with the thumb.

The syringe, properly prepared, being held in this position, the operator with the thumb and forefinger of his left hand, pinches up a fold of skin over the pronator muscles of the forearm of either side of the patient, places the point of the needle against the loose end of the skin so elevated at a distance of half an inch or so from the fingers holding it, and then, with a quick shove, forces the needle through the integument, and by partially closing his hand drives the piston home, evacuates the contents of the syringe into the subcutaneous cellular tissue, and at once withdraws the needle. By this method of manipulating the syringe, the operation can be performed in less than five seconds, and is almost absolutely painless. I have in this manner occasionally injected strychnia into the arm of a child without arousing it from its sleep. The hypodermic syringes in general use are bulky, hard to manage, imperfectly constructed, and entirely unfitted for the employment of strong solutions of any remedy, and especially so of strychnia. It is impossible to hold them in the manner above described; and, when not so held, it is necessary to retain the cylinder in one hand after the needle is inserted, while the other manipulates the piston—a measure that is always attended with more or less movement of the point of the needle, and consequently with a greater or less disturbance of the cellular tissue—a very efficient means of producing abscesses.

During the past four years I have been using a single syringe —one manufactured by Luer, of Paris—which, notwithstanding some minor inconveniences, was, until lately, the best instrument I ever saw. Some time since, at my request, Mr. Stohlman, after several fruitless endeavors, finally produced an instrument which I must say I consider faultless. The cylinder is so constructed as to contain twenty minims; the handle of the piston is so graduated that as small a quantity as one-eighth of a minim can be injected at a single sitting. This is accomplished by a guard which can be fixed at any distance from the extremity of the piston-rod; and, as the graduation enables us to divide a minim into eight parts, this apparently infinitesimal amount can be thrown into the cellular tissue with absolute accuracy. The case enclosing the syringe likewise contains two gold (14 carats) needles, a small bottle with a glass stopper (retained by a metallic shield), and a small wire. The latter is for the purpose of keeping the needles clean, while the bottle is designed to contain the solution of strychnia. The case containing these articles (as can be seen by the wood-cut showing its actual size) is so small that it can be carried in the vest-pocket of the physician.



The solution of strychnia, which my experience has taught me to consider best, is one containing a grain of the drug to one drachm of water, the solution being effected by the addition of a small quantity of dilute acetic acid. The following is the formula which I have furnished Mr. Mittendorf, the pharmaceutist (Twenty-first Street and Fourth Avenue), who for the past few years has supplied me with the solution that I have employed in my private practice:

℞. Strychniæ sulph., grs. j.
Acid. acet. dil., ♏ j.
Aquæ *ad* ʒ j.
S. Ft. sol.

This formula will be found especially convenient by those who supply themselves with the above case. The quantity called for by the above prescription will just fill the bottle which it contains, while the strength of the solution is well adapted to the subdivisions of the syringe. Thus, one minim of the liquid contains one-sixtieth of a grain—the usual dose with which it is customary to commence the treatment of any case of paralysis. Should it seem desirable to begin with a smaller quantity (and this is frequently the case), as minute a dose as the four-hundred-and-eightieth part of a grain—equivalent to one-eighth of a minim—can be employed. This is accomplished by the means we have already alluded to in describing the syringe.

We have known some confusion caused by inattention to one little precaution on the part of the operator, which should always be attended to before injecting any substance whatever —that is, to be careful that there is no *air* in the barrel of the syringe at the time the puncture is made. Should there be, the physician is compelled either to withdraw the needle and expel it—which is looked upon as an awkward procedure by the patient—or to go ahead and inject it into the cellular tissue—an act which is not entirely free from danger. The necessity for either procedure can be obviated by a little care on the part of the physician.

Prior to puncturing the skin, let the physician reverse the syringe (with the needle in place), and while the needle is directed upwards, press gently upon the piston until all the bubbles of air have passed out of the needle, and a steady, clear stream emerges from its point. Then reversing the instrument again, the absence of bubbles at the transparent portion of the cylinder will show that all the air has been expelled. The guard can then be brought to the proper position, the needle inserted, and the injection made without the remotest possibility of anything but the specified amount of liquid passing beneath the skin. After the needle is brought out, the guard should be screwed back, and the remaining liquid in the cylinder forced through the needle for the purpose of cleaning it.—*Reuben A. Vance, in the Medical World, October.*

IODOFORM AND IRON IN THE TREATMENT OF NEURALGIA.

* * * The attention of the physician has been repeatedly called to the combination heading this article as being, in a marked degree, a most appropriate remedy in the treatment of neuralgia, and the following case is presented as an additional incentive to its more extended use.

In March, 1870, I was called to attend Mrs. J. T., æt. 59 years; found her extremely prostrated, the pulse frequent, the whole surface of the body bathed in cold perspiration. She was unable to speak, had her right hand resting on her head, and seemed to be suffering intense pain; constitutional condition, nervous and anæmic. I ordered morphia sulphas, gr. ¼, at once, to be followed by smaller doses at necessary intervals, with sinapisms to the nape of the neck. In the morning following I found relief had been obtained through this treatment.

On further investigation of my patient, and the history of her disease, I found that she had been suffering from what she had been told were bilious headaches for the previous ten years, and that, under this diagnosis, she had been attended by many physicians. The attacks had been intermittent, the paroxysms returning two or three times weekly, and sometimes remittent, to the extent that one attack was not past before a fresh one commenced. She was unable to attend to her regular household affairs. I informed her at my second visit that her disease was neuralgia, and *not* bilious headache; (I considered it neuralgia of the head, particularly affecting the right infra orbital nerve,) and, further, that I thought I could make a permanent cure for her. I was answered that she had already spent so much money for medicines, that she thought there was no remedy to meet her case, and only wished that she might die. Repeating my assertions, she concluded that, her family consenting, she would give me a trial. I at once ordered the Pil. Iodoform et Ferri, manufactured by Wm. R. Warner, & Co., Philadelphia.[*] Before she had taken one hundred of the pills she experienced such relief as to convince her that a remedy *had* been found suitable to her case. I advised her to take two hundred of the pills, which she complied with, on my assuring her in so doing she would prevent all future attacks. It is now more than a year since and she has remained entirely well, and fully able to attend to all her household duties. * * *—(*A. G. Coleman in the Leavenworth Medical Journal.*)

---

[*] **This preparation may be had of Kerry Brothers and Crathern, Montreal, should any of our readers wish to try it.—[Ed.]**

REMOVAL OF BOTH SUPERIOR MAXILLARY BONES.

The subject of the operation was Andrew Mayhew, coloured, 36 years of age, formerly of Clarksville, Tenn.

In 1854, he received a blow upon the left superior maxilla, which caused a fracture; necrosis resulted and many pieces of bone were discharged from near the outer canthus of the eye. In 1856 a tumor as large as a hen's egg appeared in hard palate, which was cut out by Dr. McKinney, of Clarksville. In 1861 a tumor of the size " of a walnut " was observed directly under the malar bone; in five years it had increased to the size of a "hen's egg." One day, whilst working, he was struck by a barrel directly upon the tumour, which was followed by great suffering, lasting five weeks, then there was noticed a swelling of the roof of the mouth, which gradually increased. In October, 1870, I had the photographs taken which I now exhibit. The whole of the left maxilla was involved, and in the right anterior nares was noticed a large development.

October 26. After etherizing the patient, I made an incision from the inner angle of the eye down to the ala of the nose and along the upper lip to its centre, and down through its margin, reflecting the flap outwardly; then I passed a saw through what remained of the alveolus at the point of the left central incisor; the mass was seized and depressed into the mouth and enucleated. I then attempted to enucleate from the antrum of the right side the remaining portion of the tumor; this resulted in removing the larger portion of the maxilla, as the walls of this bone had almost entirely disappeared, there being only a thin wall of the alveolus remaining, two molar teeth remained in the deossified alveolus, which dropped down the throat, nearly producing strangulation; I seized the inner angle and stitched it up to a portion of the membrane from which the tumor of the right side was detached. The integument was united with the interrupted suture.

There was considerable hemorrhage, which was controlled with ice and iced water. After the patient was removed to his bed, there was still too much oozing of blood. To stop it, iced water was injected, and a bladder containing pounded ice was applied over the left side of the face. After two hours there was no bleeding. Morp. sul., ¼ grain; ammonia carb., 5 grains; whiskey, ½ oz., was given every two hours. At 8 p.m. morphia was omitted, and the carbonate of ammonia and whiskey continued every four hours.

27th, 7 a.m. Has slept much, no pain, pulse 100, bowels freely moved spontaneously, copious discharge of a ropy mucus tinged with blood.

6 p.m. No change of condition since morning. Beef essence and the whiskey have been administered by a syringe with a long nozzle carrying the fluid back into the fauces.

18th, 7 a.m. Has slept well, the discharges are offensive, and the following is ordered:

℞. Liquor sodæ cholraint, ½ oz. Aquæ distillat, 8 oz,; to be used freely in washing the cavity.

November 1. The conditions all favourable.

November 2. Considerable febrile excitement. Bowels confined.

℞. Fl. Extr. Sennæ, 1 drachm every four hours until effective. Also,

℞. Potass. Chlor., ʒj.
Quiniæ Sulph., grs. xvj.
Tinct. ferri Mur., ʒij.
Aqua font.
Syrup Simp., aa ℥ij. M.

Sig., 2 drachms three times a day.

November 4. Patient much improved; stitches removed from wound; adhered by first intention.

8th. Condition excellent. From this time there was a steady improvement until November 23rd, when the patient was discharged.

I am indebted to J. M. McCormick, M.D., resident phyisician of Cincinnati Hospital, for the care of the patient and the record of the case. You will notice that the patient, whom I now present to you, is but slightly disfigured. The malar bones and the nasal bones are all preserved, as also the soft palate with a large portion of the covering of the hard palate. There is but a small hole in the roof of the mouth. This serves for a fixed point for the plate of teeth, which Dr. J. Taylor, a young and promising dentist of this city, has provided for the unfortunate man. On the upper plane of this plate is attached a piece of vulcanite, curved so as to hook into the orifice in the root of the mouth.

There is no evidence of a malignant character in the tumor.

The patient is entirely well, August, 1871.—(W. H. MUSSEY, M.D., in *Lancet and Observer*.

SOME CASES OF PENETRATING WOUNDS OF THE CHEST TREATED BY HERMETICALLY CLOSING.

A more specific report of the following cases, was furnished the Surgeon General as material for the medical history of the late war, but as the publication of that history is so long delayed, perhaps, as repeatedly suggested to me by medical men, the tabulated facts are of sufficient importance to merit publication.

It may be generally remembered that during the late civil war, Dr. B. Howard, Assistant Surgeon, U. S. A., recommended the revival of an old method of treating penetrating wounds of the chest by hermetically sealing them. At the battle of Gettysburg, July, 1863, he obtained permission of the medical director of the 5th Corps to have such cases turned over to him for treatment, and about twenty were so treated. His method of operating was, simply to convert the ragged wound into a clean, fresh, elliptical incision by paring the edges of the wound, closing the incision by deep, close, metallic sutures, cut short and covered by fine lint and collodion.

Dr. Howard, in a paper published about the close of the war, claimed for this treatment a greater success than for the ordinary treatment; stating substantially that the results of hemorrhage and suppuration would be removed by expectoration and absorption.

As the result of these cases is unfavourable to Dr. Howard's claims, I am sorry that I cannot find his paper and quote from it literally, though as only a statement of facts is intended here, and not a discussion of theories, no injustice will be done him.

I may remark that the Surgeon General, in acknowledging the reception of the report, stated that "many facts at variance with the conclusions of Dr. Howard in relation to penetrating wounds of the chest, have already been reported to this office."

It was the opinion of most of the medical men in the corps, whose opinions I heard at the time, that the theory was not sound, and that the practice indiscriminately applied would be no improvement over the old method of simple water dressings, leaving the wound open, and the result of these cases would seem to justify such opinions.

It is but fair to state that some of these cases were very unpromising at the time of the operation, being greatly depressed from shock, hemorrhage, and impaired respiration. Also, that Dr. Howard's plan contemplated immediate operations, while some of these had been wounded twenty-four hours; though I think their condition would average as good as that of the whole number of that class of wounded resulting from the battle.

I was present and assisted in a number of these operations, and received from Dr. Howard, when he moved on with the army, July 5th, a list of fourteen cases, which he requested me to look after. As they were in different hospitals, I only saw a part of them daily, but heard from others while they lived, and collected the results given below from the records of the general hospital and medical director at Gettysburg in October, 1863.

In addition to this list of fourteen cases, the names of three others were found, who were known to have been thus treated, and another of whom it was not positive, but all the information obtainable rendered it probable that he had been so treated, making eighteen in all, of whom thirteen were known to have died within one month, and seven of these within from one to four days after the operation. The names of two could not be found on the register; one was recorded as "gun shot wound of shoulder" and "sent to General Hospital July 9th"; and another as "sent to General Hospital July 24th"—both dates prior to the reception of patients at the General Hospital at Gettysburg, so that they must have been sent to some more distant hospital. I have tried to get further information of these four men, but thus far in vain; while the only one of the eighteen known to be living on the first of September, two months after the battle, was L. G. Bradley, corporal Co. B, 136th N. Y. Vols., of whom the Adjutant General of N. Y. wrote me that he was discharged in August, 1863.

Thus excluding one sent to General Hospital and not heard from, two not on register, and one registered "gun shot wound of shoulder," there would be fourteen left, of whom thirteen died; and including those four very doubtful cases, it still leaves a mortality of over 75 per cent.; while of about *seventy* cases of penetrating wounds of chest (the whole number made during the battle, and including prisoners), about forty were living on September 1st, while the thirty deaths included Dr. Howard's fatal cases.

Taking out his eighteen cases would leave *fifty-two* cases and *twelve* deaths, or about 25 per cent. mortality for the ordinary treatment. It is also worthy of remark, that in all of these cases that lived beyond one or two days, the wounds became open and suppurating, and could hardly have been benefitted by being temporarily closed. A very full and fair consideration of this plan of treatment, and of the limited classes of cases in which it may be applicable, will be found in Dr. Frank Hamilton's work on Military Surgery. Dr. Hamilton thinks the error is in applying it indiscriminately in all cases. Also may be found in the Medical Record, Vol. iv., p. 412, an interesting report by Dr. A. H. Smith, of N. Y., of a case or cases of collapse of lungs from gun shot wounds, recommending hermetical closing of the wound in such case, but without reference to Dr. Howard's theory or plan of treatment.—(W. F. BREAKEY, M.D., in *Michigan Medical Journal.*)

◆

PERSONAL.—Dr. Daniel Sinclair, of London, Ont., a graduate of the Victoria Medical School, has just returned, after completing a course of study at St. Thomas's Hospital, London, Eng., and at his final examination at the Royal College of Surgeons, passed with credit, obtaining his diploma of M.R.C.S.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, JANUARY 1, 1871.

COLLEGE OF PHYSICIANS AND SURGEONS.

SPECIAL MEETING.

The Council met on the 13th ult. and remained in session two days. The President, Dr. Coverton, delivered an address which will be found in another column. He explained the object of the present meeting, which was called to reconsider the resolution brought forward by Dr. Campbell at the close of the last meeting in June, and also in view of the attitude of Dr. Campbell as expressed in a circular addressed to members of the Council, and published in the November number of the *Lancet*.

Drs. Dewar and Berryman objected to the legality of the summons calling the meeting, because it was convened by Dr. Covernton, whose position in Trinity College deprived him of his seat as representative of the Gore and Thames division.

After a short discussion of the subject, Dr. Covernton formally tendered his resignation as president of the Council, which was accepted.

Dr. Clarke was then elected to the chair, and briefly thanked the meeting for his election as President.

Dr. Aikins moved a vote of thanks to Dr. Covernton, late President of the Council, which was carried unanimously.

The Council then proceeded with the transaction of the business for which they had been called together.

Dr. Campbell moved for leave to read his By-law, which was granted, and the By-law was read accordingly. The By-law read as follows:—

"By-law to amend the Regulations for Examination of the pupils of the Homœopathic and Eclectic Members of the College of Physicians and Surgeons of Ontario.

"Whereas it is expedient to alter the regulations under which certain candidates are admitted to examination; Be it enacted, that:

"Until such time as there shall be established in Ontario, colleges, or professorships in existing colleges, where medical science shall be taught according to the doctrines and teachings of the Homœopathic and Eclectic systems of medicine, and approved of by a majority of the representatives in council of these schools respectively, the following regulations for the examination of pupils of Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario shall be substituted for those now in force:—

"All students of medicine who have pursued their studies under the direction of one or more of the Homœopathic and Eclectic members of the College of Physicians and Surgeons of Ontario, before proceeding to their final examination, shall be obliged to show:

"1. That they have been engaged in the study of medicine, as above stated, for four full years, under the direction of one or more of the Homœopathic or Eclectic members of the College;

"2. That they have passed the Matriculation Examination prescribed by the Council; and all those candidates whose medical studies shall commence after the first day of January, 1872, shall be obliged to show that they have studied medicine for four full years after passing their Matriculation Examination.

"3. That they have completed the curriculum of study; that they have attended the prescribed period at one or more hospitals; and been personally present at not less than six cases of midwifery.

"4. That they have attended in three separate years not less than three full winter courses of lectures, at one or more of the recognized Medical Schools of Ontario, or at one or more of the following Medical Schools in the United States: The Cleveland Hospital College, the New York Homœopathic Medical College, the Chicago Hahneman Medical College, the Bennett College of Chicago, the Eclectic Medical College of New York City, or the Eclectic Medical Institute of Cincinnati.

"5. That in all other respects they have complied in full with all the requirements of the Council as to fees, etc., and that they possess all the other necessary qualifications for examination.

"Nothing in this By-law shall be held to prevent any candidate from claiming a special examination upon the subjects reserved by the Council if he shall so desire it.

"All regulations inconsistent with the above By-law are hereby repealed."

Dr. Berryman moved an amendment, which was seconded by Dr. Mostyn. "That the By-law be not received." Lost.

It was then moved by Dr. Campbell, seconded by Dr. Bethune, that the bill be read a second time and referred to a committee of the whole—Dr. Hyde in the chair.

After a long discussion which lasted the afternoon of the first day and the forenoon of the second, during which the whole thing was withdrawn clause by clause, the following motion was carried:

Dr. Edwards, seconded by Dr. Hall, moved the following amendment:—"That graduates in medicine, or students from any college in the United States recognized by this Council, shall be admitted for primary or final examination upon passing the Matriculation examination established by this Council, and showing that they have attended one full course of lectures in one of the Medical Schools in the Dominion of Canada, and upon giving proof that they have been engaged in the study of medicine for not less than four continuous years, and that they have attended medical lectures for not less than three full winter sessions, and that they have fulfilled all other requirements laid down in the curriculum of the College of Physicians and Surgeons of Ontario."

Upon this resolution was based the following By-law—

Whereas, it is expedient to amend the By-law regulating the curriculum of candidates for examination before the Board of Examiners. Be it therefore enacted,

That clause 12 in section 2 of the By-law regulating the curriculum of studies, be hereby repealed and the following substituted:—

1. All students from recognized Colleges outside the Provinces of Ontario and Quebec, who desire to qualify themselves for registration in this Province, shall pass the matriculation examination established by the Council, and attend thereafter one full winter course of lectures in some of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

2. All graduates from recognized Colleges outside the Provinces of Ontario and Quebec, who desire to qualify for registration in this Province, shall matriculate, attend one full winter course of lectures in Ontario, and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board.

3. Nothing in the two preceding clauses shall exempt residents of Ontario, who after this date elect to pursue their studies outside of the Provinces of Ontario and Quebec from passing four years in pursuit of Medical studies after matriculation in this Province before the examiner of the Council."

This By-law having passed the Council, a committee was appointed to draft amendments to the Medical Act, and the Council adjourned.

◆

DR. STOKES IN TROUBLE.

At the trial of Kelly for the murder of Police Constable Talbot of Dublin, the counsel for the criminal raised the question of improper treatment on the part of Dr. Stokes and the surgeon in attendance with him in their efforts to extract the bullet. The only hope of the defence was to discredit Dr. Stokes surgery and make it appear to the jury that the effort of the surgeons to extract the bullet was the immediate cause of death. This is certainly a new feature in legal metaphysics, and had it succeeded would have placed medical men in a rather peculiar position.

In reference to the above the *Medical Press and Circular* publishes the following important document, which was drawn up in the house of Sir James Paget, Bart.:—"The undersigned, having carefully considered the evidence in the recent trial for the murder of police-constable Talbot, and believing that certain statements made during the trial are likely to affect very injuriously the professional reputation of Mr. William Stokes and the surgeons who acted with him, desire to record their opinion that the bullet-wound in the neck of police-constable Talbot was the direct and sole cause of his death, and that no blame can be justly assigned to any of those by whom the wound was treated. —Cæsar H. Hawkins, William Ferguson, T. B. Curling, James Paget, Prescott Hewitt, J. Ashton Bostock, John Eric Erichsen, John Birkett, George Pollock."

In reply to this a Dublin Surgeon writes to the *Irish Times* to say that he regards the recent manifesto of Sir James Paget and his *confrères* "as an assumption of superiority on the part of the London profession which, though kindly meant, is yet uncalled for."—[The old story over again.]

ILLNESS OF THE PRINCE OF WALES.

We are happy to be able to announce that His Royal Highness is making satisfactory progress towards convalescence. He has passed through what may be called a sharp attack of typhoid or enteric fever, and at one time his life was despaired of, owing to some untoward complications, which were said to have arisen. He is supposed to have contracted the disease during a visit to Lord Londesborough, at his seat, at Scarborough. Nearly every member of the party who visited there at that time suffered from more or less constitutional disturbance; and Lord Chester field, who was one of the party, was seized shortly after his return home, and four days subsequent to the date upon which His Royal Highness the Prince of Wales was taken ill, and has since died.

Enteric fever is generally supposed to be caused by the inhalation of the miasm of decomposing animal matter, such as sewer gas, or the pollution of drinking water by infiltration of such matters. Hence, it was naturally supposed, that there was some defect in the drainage, or pollution of the water in the house of Lord Londesborough. It appears, however, that every precaution had been taken to guard against anything of this kind. The water supply, which is that of the town, is said to be most excellent; and the sewers had been purposely examined, and thoroughly flushed. Although there were no cases of enteric fever in Scarborough lately, several cases had occurred during the summer, and it is also stated that this fever is prevailing at present in many parts of England. Another circumstance of peculiar importance is, that since the Prince was taken ill, one of the grooms, at the Sandringham stables, who did not go to Scarborough, has sickened and died of the fever. No doubt the fullest enquiry will be made, and every possible source of contagion both at Scarborough and Sandringham removed.

It has been supposed, by eminent authorities, that want of proper ventilation of the drain was the real cause; foul gases being allowed to accumulate underneath the building. This is a matter for the careful consideration of the committee, and one worthy the attention of authorities on sanitary matters generally.

His Royal Highness was most assiduously attended during his illness by Dr. Jenner and Dr. Gull, and rumor has it that the former is to be made a baronet, and the latter is to receive the honor of knighthood. We would be glad to see the services of these gentlemen recognized, and we feel certain, that such honors as above mentioned could not be bestowed more deservedly.

Castor Oil Emulsion.—We beg leave to call the attention of the profession to this preparation of castor oil, manufactured by Messrs. Archdale, Wilson & Co., Hamilton. It is undoubtedly the best effort to disguise the taste and smell of this most unpleasant substance that we have seen. The proprietors state that it is simply the finest Italian castor oil, so prepared that the smell and taste are both thoroughly disguised. Many of the Physicians in Toronto and Hamilton have prescribed it and they speak of it in the highest terms.

Retirement.—We are informed that Dr. Kennedy has retired from the Professorship of Anatomy in the Medical Department of Victoria College, Yorkville.

CUBAN MEDICAL STUDENTS.

The students in the Medical School in Havana, freed from a lecture by the illness of one of the professors, went into the cemetery, opposite the college, and, unfortunately for the whole class, some of the most mischievous among them, broke some glass, destroyed some flowers, and wrote some scurrilous lines on the grave stone of an officer of the volunteers. These volunteers are a body of soldiers enlisted by the Spanish authorities to crush the patriots who are fighting for Cuban independence; and are noted for their cruelty and insubordination. They demanded vengeance. The students were arrested and tried by court-martial, eight of them were condemned and shot, and thirty others sent to the chain-gang for periods of from four to six years. It is said that the students met their fate with resignation, and expressed sorrow for the act for which they died.

This cowardly act of shooting a lot of frolicksome boys will not help their cause, and according to late accounts, the Government feels ashamed of the butchery, and the Spanish Minister has been at considerable pains to explain it away by charging it to the mob.

Handsome Donation.—We are much gratified in hearing that Sir W. Hooker, of the Royal Gardens at Kew has forwarded to Dr. Hallowell, Prof. of Mat. Medica and Therapeutics, Trinity College, (through Mr. W. T. Goldsmith, of this city,) a collection of rare medicinal plants and seeds. This is to constitute the nucleus of a botanic garden in connection with the Medical School, and will form an entirely new feature in the teaching of those branches of which it takes cognizance.

Appointments.—Benjamin Thomas McGhie, M. D., of the Village of Elgin, to be Associate Coroner for Leeds and Grenville.

Hugh A. Mabee, M. D., of Port Rowan, to be Associate Coroner for Norfolk.

Victoria College.—Tenders have been advertised for the erection of a building, during the coming summer, for the Medical Department of Victoria College, near the Toronto General Hospital.

NOTES AND QUERIES.

New Test for Blood Stains.—J. W. Gunning (*Journal of Applied Chemistry*) has discovered that acetate of zinc will precipitate the coloring matter of blood from solutions. The flocculent precipitate must be washed by decantation, and left to evaporate and dry on a watch-glass, and, if blood has been present, the microscope will reveal delicate hæmin crystals.

It is rumoured that M. Nélaton is expected in England shortly. It is said that he will permanently settle in London.

Tetanus.—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

When will the primary and final examinations of the Council take place? It is time the programme was issued.—Student

When will the revised Medical Register be published?—Senex. [That is a *Strange* question.]—Ed.

What was done with the box of Carson's Female Regulators, &c., &c., sent to Dr. Strange for distribution among the members of the Council at its late session?—A Member.

The Medical Act states "that no teacher, professor, or lecturer of any of the Colleges shall hold a seat in the Council except as a representative of the College to which he belongs.

How was it that Dr. Agnew retained his seat while lecturer on Diseases of Women and Children in Victoria College in 1870-71? and why is it that Dr. Oldright (Curator of the Museum, Toronto School,) who lectures on Pathological Anatomy still retains his seat in the Council while Dr. Covernton is forced to resign?—Lex [Ask Berryman, Dewar, Aikins & Co.]

CORRESPONDENCE.

To the Editor of the Canada Lancet.

DEAR SIR,—Last week the announcement was received with universal satisfaction, that Her Majesty Queen Victoria had been pleased to confer the honour of a Baronetcy upon our highly esteemed citizen Professor Christison. This is the second time during the present year, that Sir Robert Christison has had a lasting honour paid to him, having a bust placed in the University while he is still living. When quite a young man he was elected to the chair of Medical Jurisprudence, which position he held for some years, and contributed much to advance that study. He was afterwards transferred to the chair of Materia Medica, which he still continues to fill, having been nearly half a century connected with the famed University of this city. Since 1858, when the University Act was passed, he has had a seat in the University Court as a representative of the Senatus Academicus. He has also taken a leading part in the doings of the General Medical Council of Education and Registration, being one of the members nominated by the Crown. At this present time he is President of the Royal Society of Edinburgh, being one of the highest honours a medical man in Scotland can obtain. His writings upon Materia Medica are so widely known that it is almost useless to mention it. For many years he has been at the head of the medical profession, and largely consulted throughout Scotland and by many from distant parts. His treatise upon poisons has gained for him a high reputation in many countries. His honors have been well earned and it is our earnest hope that he may long live to wear them. It is stated that it was through the Premier, that Professor Christison's contributions to the science of medicine, were made known to Her Majesty as deserving of the honour of a Baronetcy. This is the more pleasing as the worthy Professor is upon the opposite side of politics.

The female medical students are now evidently upon the brink of a precipice, as regards their studying in the Edinburgh University. Both sides have been taking the advice of counsel, and the University found that they had acted illegally in admitting women in the first place, and have rendered themselves liable to damages to the lady students. The University Court have rescinded all the laws admitting women, so that no more can enter, but they made the offer to those who had already commenced their studies, to allow them to pursue them till they had finished, but this the present lady students would not accept, as they said they were fighting the cause for lady students in general, and not simply for themselves. Such being the case, nothing will be left to them but to remain out in the cold, as they cannot attend the Medical School in connection with the Royal College of Surgeons. The University certainly acted very injudiciously in admitting them without thoroughly looking into the matter, afterwards to find that they had acted illegally in doing so, according to their charter.

F. R. S.

Edinburgh, Nov. 13th, 1871.

(To the Editor of the "Lancet.")

SIR,—

According to promise I send you some cases similar to my last, headed "Wrong Diagnosis," which have come under my observation. Case I.—James ——, æt. 48, of strong muscular habit (blacksmith) was attacked with extensive Lumbar Abscess this summer, caused by shoeing a restless timid horse. He had been seven weeks confined to bed, attended by a medical man during that time who treated him for Intermittent fever until about ten days previous to my seeing him, prior to which time my son having been called in, pronounced it Lumbar Abscess, but through courtesy to the medical attendant, withheld the particulars from the patient, merely stating that an operation would require to be performed and to send for him in a few days. The patient became suspicious and sent for me. I took away as much as four quarts of matter, relieved him of the depressing symptoms, gave him the necessary nutriment freely and tonics with stimulants, and the use of Iodide of Potassium freely and continuously. He is now well and there are no signs of any return of matter. This case fully demonstrates the necessity of medical men, particularly young practitioners, thoroughly exploring and investigating the cause of symptoms present before giving their decision or prescribing. It has fallen to my lot to see many such cases as above stated, during the past thirty-five years in this locality.

Case II.—About four years since a similar case occurred in the hands of a medical man—a Licentiate of the College of Surgeons, London,—whose patient had all the well marked symptoms of Lumbar Abscess, with sympathetic inflammation of one testicle which proved troublesome to subdue, and he proposed castration. Now how foolish a medical man must appear who makes such glaring mistakes to be afterwards rectified by another. It shows that the necessity of thorough diagnosis cannot be too forcibly impressed on the students by their teachers, and then when enabled to practice, the necessity of storing knowledge by reading and observation rather than grasping at practice dishonourably as many do, degrading the profession by depreciating the abilities of others and trying to exalt themselves. Suuh are the means adopted by many country practitioners.

Case III.—A young man, æt. 30, was attacked with excruciating pain in the Lumbar region and a medical man was called in. He prescribed remedies to allay pain, but no good results followed. I happened to enquire more fully into the history of the case, and followed up the treatment as inflammatory disease of the membranes of the spinal cord. The symptoms continued, with diminished pain; occasionally in great torture; rather discouraging. The friends also became discouraged after a few weeks, and decided to send for a medical man (a Professor of Surgery in Toronto). He attempted to prove, and remained impressed with the belief (until afterwards informed) that it was a case of Lumbar Abscess. My treatment was followed up strictly, viz.: valerianate of zinc, sulph. zinc, tonics, nitro muriatic acid, &c. In four weeks the patient got well and has remained well since; occasionally when exposed to wet he complains of pain, but a cathartic and diaphoretic sets him all right again. So much for a wrong diagnosis.

Yours &c.,

Thos. Henry, M.D.

Sand Hill, Dec. 1871.

BOOK NOTICES AND REVIEWS.

PEN PHOTOGRAPHS, by Daniel Clark, M.D., Princeton, Ont.

A new work, with the above title, will be issued from the press sometime during the present year, consisting of sketches of celebrated men and places seen and visited by the Author; also including short tales and miscellaneous writings, contributed from time to time to the periodicals of the day, especially to "Stewart's Quarterly Magazine" and the "Canadian Magazine.' This publication is undertaken at the earnest request of many of the literary friends of the Author, and because of the popularity the writings have already attained, not only in the Dominion, but in Britain and the United States. The publishers have resolved to sell by subscription only. The book will contain about 400 pages, 12mo., bound in cloth, price $1.00. Orders received by all respectable Booksellers. These sketchs have received the most favourable comments from the Press, both at home and abroad.

RINDFLEISCH'S TEXT-BOOK OF PATHOLOGICAL HISTOLOGY. An Introduction to the Study of Pathological Anatomy. By Dr. Edward Rindfleisch, O. O. Professor of Pathological Anatomy in Bonn. Translated from the Second German Edition by Wm. C. Kolman. M.D., assisted by F. T. Miles, M.D., Professor of Anatomy, University of Maryland. 208 Illustrations. Philadelphia: Lindsay & Blakiston. Cloth, $6.00.

This is an octavo volume of 680 pages. It is the most exhaustive and interesting work on this subject yet published. The works of Virchow and Billroth occupy the ground but partially, and the former is now somewhat antiquated; this volume therefore fills up a gap in the literature of this subject. It is divided into two parts: GENERAL and SPECIAL. The former embraces degeneration of tissues and pathological new formations; and the latter, the anomalies of the different organs and fluids of the body. The woodcuts, with the exception of a few copied from Virchow and Billroth, are original and are well executed. We could have wished that a little more pains had been bestowed on the text by the Translators, so as to adapt it more fully to ordinary readers. Many of the sentences are much involved.

HAND-BOOK OF SKIN DISEASES, by Dr. J. Neumann, University of Vienna. Translated from the Second German Edition by L. D. Bulkley, A.M., M.D., New York, and illustrated with 66 woodcuts. New York: D. Appleton & Co. Toronto: Copp, Clark & Co.

The most important feature of this work lies in the fact that the author gives the most correct as well as the newest views and discoveries in the history, etiology and pathology of skin diseases. Another point of importance is, that it is not only a scientific work, but also contains a great fund of practical information regarding the treatment of skin diseases. The author was for a long time the assistant of Professor Hebra, and has since been connected with the same Hospital as lecturer on skin diseases, and has therefore had abundant opportunities of observation, and his work may be considered a fair exponent of the German practice of Dermatology. It is a most useful and practical work, and we most heartily commend it to our readers.

A TREATISE ON HUMAN PHYSIOLOGY, by John C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York. Fifth Edition, revised and enlarged, with 286 illustrations. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

Nothing that we can say will either add to, or detract from the popularity of this work. As a text-book for schools it has no superior in America, and the present edition is fully abreast of the times. It has been carefully revised and modified in many parts, while the general plan and arrangement of the previous editions have been retained. Some new illustrations have been added, and a few of the older ones omitted.

BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS of the American Otological Society. Fourth Annual Meeting, Newport, R. I. Boston: Alfred Mudge & Son.

The *Family Herald*, an illustrated weekly paper, devoted to literature, romance, agriculture, commerce, news, and general family reading. It is closely printed on good paper, and contains a large amount of interesting reading matter, at the low rate of $1.25 per annum. It is the best family paper we have seen, and we will be happy to place it on our exchange list.

Catalogue of Surgical Instruments and Appliances manufactured by F. Gross, 690 Craig Street, Montreal.

A Contribution to the treatment of versions and flexions of the unimpregnated uterus, by Ephraim Cutter, A.M., M.D., Boston. James Campbell, Publisher. Price 50 cents.

Transactions of the American Ophthalmological Society, eighth annual meeting, Newport. New York: Appleton & Co.

On Vascular Nævi and their treatment by actual cautery by B. F. Dawson, M.D., New York. Reprinted from the American Journal of Obstetrics.

Wood's Household Magazine, published by S. S. Wood & Co., Newburg, N. Y.

The tenth volume of Wood's Household Magazine begins with January 1872. Its regular contributors include Horace Greeley, Gail Hamilton, Thomas K. Beecher, Dr. Dio Lewis, Dr. W. W. Hall, James Parton, etc. Harriet Beecher Stowe, Brick Pomeroy, John G. Saxe, Major General Kilpatrick, Petrolium V. Nasby, etc., write for it occasionally. Terms, One Dollar a year. Specimen copies free.

The Physicians Daily Pocket Record, by S. W. Butler, M.D., Philadelphia.

It comprises a complete visiting list; a classified list of medicines with doses and prices; a list of new remedies, their application and doses; a list of poisons and their antidotes, &c.

Vick's Floral Guide for 1872. Giving thorough directions for the culture of flowers and vegetables, ornamenting grounds, making walks, &c. Price ten cents. Address James Vick, Rochester, N. Y.

HOSPITAL REPORTS.

GENERAL SPINAL PARALYSIS, UNDER THE CARE OF DR. AIKINS.

(Reported by William James).

Jonathan R, aged 35, was admitted into the Toronto General Hospital with the above affliction, on the 6th November last.

History of the case:—The patient was working in the bottom of a well, and while the bucket, half filled with water, was in the act of ascending and had reached about half way to to the surface (20 ft.), something above gave way, the bucket falling and striking him, when he was, it is thought, stooped somewhat forward. It appears to have first struck the occiput, as there is a transverse wound about three inches in length, penetrating the penicranium to the bone. It is supposed to have then glanced off and struck the back of the neck in the neighbourhood of the 7th cervical vertebra. This is confirmed by the patient's own statement, that the bucket was on the back of his neck when he first regained consciousness. Examination, however, failed to detect any fracture.

Had priapism the day he was admitted. It was found that there was complete paralysis, both sensory and motor of all the body, anterior as well as posterior, from three inches above the nipple, downwards. The right upper extremity was also completely paralyzed. The left was in a similar condition, except that he could rotate the forearm of that side. Respiration is purely diaphragmatic, no motion of the ribs except at the lower part of the chest, and this is caused by the diaphragm. Bladder and rectum are paralyzed; fæces pass involuntarily; and the catheter is used twice a day. Pulse—full, soft, and rapid. He speaks quite rationally when interrogated.

9th.—Redness of integument over the nates and trochanters, and a small bed sore on the right outer malleolus, notwithstanding that he has had the benefit of an air bed.

16th.—Patient continues about the same, with the exception of a slight cough. No more bed sores, and those which appeared during the first 48 hours are apparently healing. He eats and sleeps well.

24th.—Priapism again to-day, and on tickling the soles of his feet the muscles of the thigh were observed to twitch.

Partial incontinence of urine; skin dryer; cough continues. Some dyspnœa; catheter used twice a-day, but he did not appear to feel it; sometimes it passed readily but at other times would get caught, as it were, in a pouch. Urine very ammoniacal and offensive. Pulse has continued at about 72 and is strong and full.

28th.—Increased dyspnœa, complains of no pain except in the neck. Has lain chiefly on right side and back. He is considerably worse.

30th.—He died to-day, and the *post mortem* examination revealed the fact of fracture and dislocation of the fifth cervical vertebra, with flattening of the spinal cord at the seat of injury, and a collection of pus in the spinal canal.

A NEW METHOD OF ARRESTING HEMORRHAGE BY THE ARTERY CONSTRICTOR.—Dr. S. Fleet offers (*Medical Record*), this instrument as a substitute for the ligature, acupressure, and torsion. The arrest of arterial hemorrhage is a subject of intense interest to every surgeon; it is attended, at times, with such hazards to the patient, and with such difficulties to the surgeon, that a new method of accomplishing it may not be found unacceptable, the more especially as this method claims to have fulfilled the indications which are considered as those most to be desired by surgeons generally, viz: the closure of arteries by some method which leaves no foreign substance attached to the vessel or in the wound, and is, at the same time, proof against secondary hemorrhage.

It is claimed that such a result can be uniformly arrived at by the use of the artery constrictor, which consists of a flattened metal tube, six inches (more or less) in length, open at both ends, with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to protrude from or retract within the tube or sheath. The lower end of the tongue is hook-shaped so as to be adapted to the artery to be constricted. It is so shaped, that having grasped an artery, it can be made to contract upon it by means of the vice at the upper end, which forces it within the sheath.

The hook of the tongue is so shaped and grooved as to form only a compressing surface, by which means the artery, when acted upon by the force of the vice, is compelled to assume the form of the curve of the tongue, and the artery is constricted in such a way that its internal and middle coats give way, but the external coat is preserved intact. The several internal and middle coats contract, retract, curl upon themselves, and are driven down the artery in the form of a plug by the continued pressure of the grooved tongue as it passes on into its sheath. The artery may now be slipped out of the instrument, and it will be found that the external point has been compressed at the point where it was in contact with the instrument, and the internal and middle coats will be found severed and invaginated on either side of the constriction. This invagination of the internal and middle coats is of itself sufficient to arrest the flow of blood; and as soon as the current of blood is arrested in the vessel, a coagulum forms upon the invaginated surface of the internal and middle coats, and this completes the occlusion of the artery.

The application of the constrictor is very simple. The artery is to be caught up by a tenaculum or a pair of forceps (which answers better) and the tongue of the constrictor placed around the vessel; the tongue is then drawn tightly upon the artery by means of the vice arrangement at the upper end of the instrument. As soon as the screw turns with a considerable degree of resistance, or the internal and middle coats are seen to be invaginated, by noticing their movements in the end of the artery, the instrument is to be detached from the artery and the operation is completed.

In large arteries the tongue of the constrictor must be drawn into the sheath further than is necessary for small arteries. This is the one point which it is necessary to attend to in the closure of large arteries; there can be no harm done to the vessel by being drawn well into the tube, and a thorough invagination secured. The invagination of the internal and middle coats may be made as thorough as it is desired, by drawing the artery into the tube as far as needed to effect the object. Some of the instruments have been made with stops, to indicate when a proper invagination was reached; but by further experience it was found that the touch was the best guide for the operator. By a continued traction upon the external coat of an artery, after the invagination is once commenced, the internal and middle coats may be peeled up and pushed entirely out of the external coat, and this latter coat be drawn out through the shaft, entirely freed from its inner coat, so that the operator has it in his power to produce an invagination to any desired extent.

It is well always to permit the blood to flow into the artery (if it has been controlled by tourniquet or otherwise during the operation) before removing the constrictor; this secures a perfect clot upon the invaginated coats, which can hardly be displaced afterwards.

"The peculiar effect of the artery constrictor upon the coats of the artery—rupturing and invaginating the internal and middle coats, while it preserves the integrity of the external coat," Dr. Speir states, " appears to offer a more substantial ground for confidence than any method based merely upon pressure or an internal coagulum. This, added to the fact that the instrument is instantly withdrawn from the vessel, seems to offer all the advantages which can be expected by any method.—*Am. Journal of Medical Science.*

LOOSE CARTLIAGES IN THE KNEE-JOINT REMOVED BY SUBCUTANEOUS INCISION.—Mr. J. Square stated, at the recent meeting of the Surgical Section British Medical Association, that, since he published his account of the operation by subcutaneous incision about ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. Cases were brought forward illustrative of the dangers incident to the operations by direct and vascular incision; and the operation practised by the author was described. The loose cartilage is conducted to the inner and lower part of the joint and held there by an assistant. A tenotomy-knife having been introduced, the capsule of the joint is freely incised upon the cartilage; the knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now dressed and lifted out of the joint into the cellular bed prepared for it, and slid along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. The paper closed with a few remarks on the different varieties of loose cartilage, their structure and origin.—*British Medical Journal.*

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. FEBRUARY, 1872. No. 6.

Original Communications.

"POPULAR" MEDICAL LITERATURE.

BY DR. J. MUIR, ANTWERP, N.Y.

Among the "Book Notices" appearing in the columns of a newspaper published in one of the inland cities of this State, the following criticism attracts attention :—

> "TILL THE DOCTOR COMES, and how to help him. By George H. Hope, M.D., M.R.C.S.E. Revised, with additions by a New York Physician. New York: G. P. Putnam & Sons.
>
> This is by no means such a manual as an intelligent American physician would have written for American readers; it is the stilted and condescending instruction of a pompous British doctor not over-cultured himself, designed for the ignorant, poor and dirty British work people.
>
> Despite all drawbacks it has many helpful hints for those who have grace to be preached to and who are as yet very ignorant of the common facts of hygiene and anatomy. Now let some one who knows how, make us such a book as this ought to have been."

What the merits of the "Manual" so trenchantly handled may be, I cannot say; but one might consider himself safe in presuming that the book really is a good one, when a respectable New York physician is found willing to take upon himself the editorship, and the eminent publishing firm of the Putnams assumes the responsibility of its reprint. Two such parties we should certainly deem better qualified to form a correct judgment in regard to the needs of the public, and the value of the production, than the very self-complacent personage who so summarily dismisses it with a flippant fling at the *British Workman.* But what good grounds exist for the assumption our critic so conceitedly enunciates? If his contemptuous expressions refer to the skilled artizans of Great Britain, I can assure him the individuals aspersed will generally be found to compare favorably with the same class in the United States in point of education and intelligence. National Schools of Design, local Athenæums and Mechanic's Institutes, have placed within their reach the means of intellectual elevation; nor have they been slow to turn to good account the educational facilities thereby afforded. As handicraftsmen, too, they are the better workmen, more thoroughly acquainted with their several trades,—the system of protracted apprenticeships, prevalent in Europe, tending to make them so. Too often the very self-satisfied spirit which causes impatience of being "preached at," (as exhibited in the article under notice)—a defiant self-sufficiency which resists submission to instruction, and is intolerant of restraint, subordination or control, for anything like a reasonable period of time, causes the American learner to start as a full-fledged mechanic before he has even fairly acquired the rudiments of his business. If, however, it is the unskilled laborer of the Old World who is intended to be characterized as "ignorant, poor and dirty," it cannot be denied that "work people" of this order, in *all* countries, to a greater or less extent, exhibit these unhappy features,—though it is not to be supposed that Dr. Hope, or any other professional man, could reasonably anticipate securing among such a very extensive audience.

Yet, a third aspect of the case suggests itself; and the probabilities would seem to be largely in its favor. The writer of the unpleasant language quoted, has an appearance of seeking to convey the idea that the mass of "American readers" are exceptionally well informed in regard to "hygiene and anatomy, as compared with the less favorably circumstanced people of other and older countries. Let us examine for a moment this much vaunted superiority. In entering, too, on a consideration of the claim advanced, it may simplify matters and lead, perhaps, to a clearer elucidation of the facts of the case, if we take first a glance at the sources from which the parties lauded may be expected to have derived their information; and then advert to the many patent evidences of their having generally profited by their "hygienic and anatomical" investigations. The vast majority of the American people are indebted to that excellent national institution—the District School—for whatever educational attainments they may happen to possess. The schools bearing that name present a close resemblance to the Canadian Common Schools under the Old Act: "reading, writing and ciphering" constituting about all they aim at imparting,—the teachers, as a rule, being, in point of learning, but a step in advance of their pupils. They do a noble work, for all that, in placing within the grasp of the poorest the key of knowledge; though I cannot forbear availing myself of the opportunity of saying that the admirable parish school system of Scotland is far ahead of that which obtains in Canada or the United States. In neither of these latter do we find any attempt made to illuminate the youthful mind in relation to the matters treated of by our reviewer; and even if we pursue the enquiry a step further, the results are nearly as unsatisfactory, for in the "academies," "seminaries," and "select" schools (so called), but little is attempted. Indeed, we might extend our examination to much more pretentious institutions, and still meet with very little to reward our labor. In a few of them, no doubt, a physiological text-book of some description, figures on their lists; but the study being wholly optional, and not apparently popular, comparatively few engage in it.

But after all, is it not fairly within the range of our question to consider the more advanced schools of a slender minority? What we are seeking to arrive at is, where do *the masses* obtain their information in relation to the subjects stated? Certainly not appreciably in any of the "halls of learning" to which reference has been made. To the popular literature of the day must we turn for an answer to our enquiry; and occupying the principal position (measuring importance by extent of diffusion), stands the newspaper. Many a house throughout the United States is barren of books, but some "broad side" or other generally penetrates to even the remotest log-cabin. During the year an occasional extract, of unexceptionable character, from a medical journal, may be found in the paper taken,—glanced at, however, only to be forgotten; but week after week there are other things continually presented which bear much melancholy after-fruit, as we shall see before we close this article. Leaving out a few of the leading city journals (and only a very few), nearly the whole of the remainder of the public prints, more strictly meeting the designation of *news*-papers, are instruments aiding in the perpetuation of every conceivable practice antagonistic to true hygiene; and vehicles through which the already prevailing ignorance in regard to everything relating to the application of physiological laws, is intensified and rendered almost impenetrably dense. The very critique which serves us for a text is sandwiched between mendacious puffs of wandering mountebacks who, as Magnetic Healers, Indian Herb Doctors, Medical Clairvoyants, Analytical Physicians, and Healing Mediums devote their energies to fleecing the ignorant; and the loathsome announcements of abortionist ghouls, whose murderous preparations and appliances are openly hawked in the broad light of day, causing them to be so familiarly "common," as to lead to their acceptance as a matter of course portion of the family sheet! Less criminal only in degree are the thousand and one "patent" nostrum abominations which crowd the columns of almost every paper, with their lying certificates of cure—not seldom accompanied by the pressing recommendation of "the gentleman filling the editorial chair." Often, these vendors of so-called "proprietary remedies," contrive to augment their sales by appending to their advertisements extracts from the United States Dispensatory, or other legitimate authority, speaking favorably, in certain conditions, of the curative properties of one or other of the ingredients of their compounds; and the voucher of some Analytical Chemist attesting the harmlessness of their rubbish is sometimes also paraded to overcome the scruples of the more timid. And not much more than what we have indicated, do American readers obtain from the ordinary American newspaper—in the way of a knowledge of "the common facts," which a "British doctor" has had the hardihood to lay before them. But, in addition to the sheets devoted almost altogether to current news, there is a "periodical," literature in many respects of a much less objectionable character. For the most part the better magazines of this class do not accept the diabolical notices of the vampires of whom we have been speaking; but light sketchy articles of an entertaining, more than an instructive nature, too often form their main attraction; while the less able, though much more numerous and more extensively read, depend on sensational stories of the trashiest kind for acceptance with their millions of patrons. And here I would say that I do not ignore the excellent publications of the Messrs. Harper, Putnam, Appleton, Lippincott, &c., though it is not to them, or their serials, that the people go for information in regard to the subjects under discussion. Were, however, every page they issue replete with just such matter, the general result would not be materially affected, as the more desirable periodicals would still bear a similar proportion to the comparatively valueless ones, as did Gratiano's reasons: being like "a grain of wheat to a bushel of chaff." As to books, one would fail to discover in many households, works resembling Inman's Preservation of Health, Parke's Practical Hygiene, Chevasse's Counsel to Mother's, or Miss Nightingale's admirable pamphlets on Nurse Training. Productions of this kind do not appear to find much favor; but an enormous demand exists for catchpenny books of "Domestic Medicine," which profess to enable every man to "doctor" himself. We all know the slight esteem in which a person is held who acts in the capacity of his own legal adviser; but a greater folly is his who tampers with his own health, and officiously, with his ignorant prescriptions, endangers the lives of all whom he can influence. Many of the works alluded to are published, solely and only, for the glorification of their compilers —parties wholly unknown to fame; others again are issued in the interest of some obscure "Medical Institute" desirous of obtaining notoriety; while men of one idea, who have mounted a hobby and are bent on riding it to death, are the producers of quite a large percentage of the remainder. There is still yet another source from which the people derive their knowledge of things "hygienic and anatomical.'. The "patent" medicine men, "specialists" of every hue, and proprietors of private "curative" establishments, not content with monopolizing the advertising columns of the newspapers, gratuitously circulate a vast amount of printed matter in pamphlet, handbill, and poster form. Almanacs, Receipt Books, Tales, Anecdotes, and even Primers for children, are the shapes seemingly deemed most effective—every alternate page or paragraph being devoted to matter calculated to advance the pecuniary interest of their publishers and augment the misery of their unhappy dupes. Millions of dollars are annually expended in scattering this pernicious stuff broadcast throughout the land; it penetrates to almost every house; the mails are laden with tons of it; and nearly every rock, and fence, and barn in the country, affords us woful evidence of the frightful persistence of these unscrupulous traffickers in human suffering and credulity. I have indicated the "popular" sources of information—to what extent have the mass of the people "bettered the instruction?" The teachings of their mentors of the newspaper press have certainly not gone unheeded. The startling narratives of marvelous results from the manipulations of itinerant vagabonds so prominently displayed, have induced a general belief that often great things can be accomplished by them; and plodding resident practitioners of course, as a consequence, are held in but little estimation, from their supposed ignorance of the more efficient means employed by these Bohemians. A public sentiment is the result which refuses to entrust the treatment of disease solely to men of scientific attainments, and the practice of medicine is thrown open to all who choose to dub themselves "doctors." An apt illustration of the state of things produced might be seen in this place, at the very moment I write these words. An Indian—a veritable aborigine—rejoicing in the name of "Dr. Maungwaudus," and arrayed in war paint and feathers, is holding at the principal hotel, a "levee for the reception of the health-seekers." Nor is it the poor or grossly ignorant who crowd the "receptions" of pretenders like this fellow. Shrewd in money-getting, close in bargain-making, and prudent generally in most matters, too many of what would be considered the better grade, appear to be the veriest babes in things medical, and fall an easy prey to knaves of every kind. Then, for almost "every ill that flesh is heir to," have the people been repeatedly assured that there are certain and almost instantaneous remedies; until an impatience of suffering has been engendered, which renders it impossible for a practitioner to treat a chronic ailment for a long period, in a satisfactory manner. Hence, too the extensive demand for the multitude of Pain Killers, Destroyers, Annihilators, Paints and Panaceas; Soothing Compounds, Anodynes, Whiskey Bitters, Elixirs, and Syrups, which narcotize patients into a condition of false security; or temporarily exhilarate them by the production of semi-intoxication. The Hon. Horace Greeley understands the peculiarities of the people much better than does his inland contemporary. In a recent *Tribune* we find the following remarks —called forth by the certificate device already mentioned:—

"Of all methods of pushing quack medicines down the popular throat, there is none more frequently practiced efficaciously than that of obtaining a certificate from some "State Assayer," who declares (for a fee) that he has analyzed the remedy in question, and "finds it free from injurious substances." At the best, this is but a negative kind of recommendation. It assures the public that it will not be poisoned, but of course it gives no similar assurance that the "medicine" is good for anything. Here is a decotion called "Old Doctor——'s —— Bitters." The proprietor informs us that it contains, among other things, "Sarsaparilla, yellow dock, dandelion, gentian, wild cherry, aniso, sassafras, wintergreen, and juniper berries." Well, suppose it does? Why should it be any more curative because it includes a dozen different kinds of roots and herbs? Why should not one root or one herb be just as effective? Yet this dose for a horse (though no horse would willingly take it) is recommended by S. Dana Hay, the Massachusetts State Assayer, whose certificate is on the bottle. People read, then admire, then believe, then buy, and then swallow it, because S. Dana Hay says it is "an officinal medicinal preparation." They guzzle it in the Spring for their blood, in the Summer for their stomachs, in the Autumn for their bowels, and in the Winter for their livers."

Were, however, a general consumption of such abominable mixtures the only consequences of the "popular" medical literature under consideration, we might be disposed, in some measure, to permit the mischief to antidote itself. But, passing by such minor results, and leaving also unnoticed the hideously disgusting details of the "sexual debility" charlatans, we come to one particular section of our subject of a graver and more sombre aspect,—one too which, from its eminently repulsive nature, can only be approached with feelings of the greatest reluctance.

For so long a time has the public mind been systematically debauched and demoralized by the prominently published notices, widely disseminated pamphlets, and universally circulated advertisements of criminal abortionists, that the frightful enormity of the offence inculcated has long since ceased to be fully realized. Nor can the Canadian and Briton rejoice in "the flattering unction" that things are much better with themselves. It is true, their stringent Medical Acts, to a certain extent, are preventive of a like amount of publicity in its practice, and a closer legal surveillance necessitates a greater degree of precaution to secure concealment and evade the penalty; but the columns of nine-tenths of the Canadian newspapers are polluted with announcements of the same description; and the published reports of the London and provincial police courts (with their recent revelations in relation to "baby-farming") show that while less obtrusive in its workings, the destruction of offspring, in various ways, is largely engaged in, and that, though quieter on the surface, there is similar rottenness beneath. Thorougout this country a serious consideration of the loathsome subject has been shirked—the appalling frequency of the perpetration of the iniquity quietly ignored—until, at length, it has assumed proportions so formidable as to startle even the most heedless. To a great extent (notwithstanding its much greater enormity), the treatment it has received has been the same as that given to "the social evil"—a furtive covering up, or hurried pushing of it out of sight. There needs an earnest effort on the part of all good men to create a healthier public sentiment. The press, the pulpit, and the bench—all public teachers everywhere—should aid in doing away with this foul thing; and legislative enactments for its repression, of the most effective character, should not only be passed, but rigidly and righteously enforced. In conclusion, from what has already been said, it cannot but be apparent that the mass of American readers are not in a more enlightened condition relative to hygiene and anatomy than the mass of readers anywhere else; that there is an ample field for a popular medical literature of quite a different description from that which so extensively obtains throughout the length and breadth of the land; and that even humble and unpretending works like that of Dr. Hope might fill an advantageous place in thousands of households where are now only to be found the mercenary fly-sheets, unclean pamphlets, and satanic hand-books, to which we have adverted.

CASE OF EMPYEMA.

Under the care of J. H. Richardson, M.D.. M.R.C.S.; Lecturer on Anatomy, Toronto School of Medicine.

REPORTED BY MR. (NOW DR.) A. JOHNSON.

The patient, a commercial traveller, about 35 years of age, whose general health had usually been very good, was attacked, 18 months previously, by pneumonia, and subsequently by pleurisy.

He had been under Dr. Bovell's treatment, for hydrothorax, for some time without any improvement, and as it became evident that some other means would have to be resorted to for relief, Dr. Richardson was requested, by Dr. Bovell, to tap the chest.

The hydrothorax was on the left side, and to such an extent, that the heart's pulsation could be distinctly felt about one inch and a-half below and behind the right nipple. The patient was very emaciated and much distressed.

Jan. 16, 1869. The operation was this day performed, by means of a small trocar and canula, and five pints and a-half of serous fluid evacuated.

March 4. Had improved up to this date in general health, but the fluid is again rapidly accumulating.

March 12. The chest is now so distended that it is necessary to repeat the operation. This was done as before, and seven pints and a-half of fluid, still serous, were drawn off.

March 20. The fluid is again accumulating fast. His stomach has become very irritable, and remains so in spite of all treatment.

March 27. The operation was again performed, and five pints of fluid, now sero-purulent, evacuated.

March 31. As the fluid was accumulating rapidly, it was determined to insert a tube, which should be left in the chest. This was accomplished in the following manner:—

The chest was punctured by a trocar and canula of one quarter of an inch in diameter. During the flow of the fluid, an india rubber tube, about two feet long, just large enough to loosely fill the canula, well oiled and full of water, was passed through the canula into the chest, and the canula was then withdrawn over the tube. The free end was then placed in a basin of water, and about two pints of thick, yellowish white, inoffensive pus were discharged. When it ceased to flow, the end of the tube was securely tied while it was in the water; plasters were then applied to keep the tube in its place, and the whole secured by a broad flannel bandage.

April 1. The end of the tube was placed in a *full* basin of water and then untied; the *overflow*, as the fluid ran out of the chest, amounted to four pints of sero-purulent matter.

April 5. The secretion has been drawn off daily, and has gradually diminished to about one pint per day.

May 19. The secretion has averaged for some time half a pint daily. He has suffered for a week past from constant nausea and frequent vomiting. As the tube had not been graduated, nor its exact length ascertained, it was thought that it might have slipped into the chest, and by its pressure on the diaphragm be producing the vomiting. The tube was therefore carefully withdrawn until it was judged that it was nearly out, and it was found that nearly six inches had been lying in the pleural cavity. The vomiting persisted, however, and then it was noticed that some fœtid air had escaped from the wound; then it became evident that some means would have to be employed to cleanse the cavity. This was accomplished in the following simple manner:—

After the fluid had been drawn off as usual, the end of the tube was pinched and transferred to a tumbler of clear water, of blood heat. Upon elevating the tumbler the water ran into the chest; upon depressing the tumbler, the water ran out, mixed with decomposed pus, and horribly offensive, shreddy fibrin. The water was changed and the process repeated until the water came out nearly as clear as it went in. A great deal of difficulty was experienced in completely cleansing the cavity, as the tube was often blocked up by the shreds of decayed fibrin; but when this occurred, the current was reversed for a time, and by perseverance the cavity was completely cleansed, but not until three hours had been occupied in the process.

The matter evacuated was most putrid. A mixture of half an ounce of carbolic acid, half an ounce of glycerine, and eight ounces of water, was then passed into the chest, allowed to remain a few minutes, and then run off. After this the constitutional disturbance gradually diminished.

For a week afterwards the daily discharge averaged half-a-pint of pus. The washing process and the use of the carbolic acid mixture afterwards were repeated daily. At the end of this week there was a return of the nausea, vomiting, and general constitutional disturbance: consequently, extra care was used in the washing, and it was found that there had been a retention in some remote recess of the pleural cavity of a quantity of the decayed, shreddy fibrin. By changing the position of the patient, making him lie down while the water ran into the cavity, and rise up as the fluid ran out, and by succussion of the patient, this foul matter was entirely removed.

By a pursuance of this plan, no difficulty was afterwards experienced throughout the whole course of the protracted treatment in keeping the cavity perfectly clean, and the discharge, therefore, perfectly odorless.

May 30th. Is now able to rise, and move about the room. The daily discharge is about three ounces. The washing carefully repeated each day.

June 10th. Daily discharge about one ounce. Patient eats and sleeps well, is able to drive out, and to take moderate exercise.

For a few days the cavity was washed out first by equal parts of Tinct. Iodini Comp. and water and afterwards by the carbolic acid mixture, but as no benefit seemed to result the Iodine was discontinued.

On one occasion when Dr. Bethune was called in to advise whether it would not be well to try some means to diminish the amount of the secretion, equal parts of carbolic acid and glycerine, about four ounces, were injected, allowed to remain a few minutes and then withdrawn. This was at 12 o'clock noon. Half an hour after tingling of the fingers and toes set in followed by drowsiness. He slept all the afternoon; but on being roused, he took his tea and went out to walk on the street. Returning he slept all the evening. About 11 P. M. the fluid was drawn off the second time as it had been for some time previously—afterwards vomiting and severe palpitation set in which persisted all night. The next morning he had recovered very nearly from the bad symptoms but recollected nothing whatever of taking his tea, or walking out, or indeed of anything which had occurred. In September, 1869, the patient left Toronto.

He was then capable of undergoing considerable exertion, was eating and sleeping well, and daily gaining strength.

The secretion continues, on an average about one ounce daily.

The left side of the chest is much contracted from before backwards, but the heart is beating very nearly in its normal position. The lung is impervious to air.

May 19, 1870. The patient came to Toronto to report. He had been engaged all winter in buying grain, and has enjoyed a fair measure of health, and is capable of considerable exertion.

The tube has now been in fourteen months—the daily evacuation of the fluid, and the washing with water and then by the carbolic acid mixture has been continued ever since. The daily discharge is about half an ounce, sometimes only two drachms. The walls of the chest much more contracted.

As the tube had been broken off frequently so that it was too short to use satisfactorily, it was deemed advisable to change it for another. This was easily done by having the new tube (this time graduated in inches by nitrate of silver) filled with water and well oiled, and then after running as much water into the chest as would pass in, the old tube was quickly withdrawn and the new one inserted in its place.

In the fall of 1870 he returned to Toronto to report again. The discharge had continued for some time about two teaspoonfuls daily. His general health very good. A third tube was introduced as the second was getting worn and flabby.

The last account from the patient was about Christmas 1871. He then wrote that he was enjoying a fair measure of health, that the discharge had not entirely ceased, and that he wanted a fourth tube sent up, as he did not like the idea of doing without the tube altogether.

SULPHUR VERSUS SMALL-POX.—The chief physician of Iceland claims to have smoked out the small-pox, lately imported to that country from France, by means of sulphur, with the aid of sulphurous acid and water drank by the patients. The disease disappeared, and no new cases had occurred for thirty days.

CASE OF EMPYEMA.

REMARKS BY DR. RICHARDSON.

Before commenting on the foregoing case of Empyema, I would take this opportunity of thanking Dr. Johnson, not only for his unremitting attention and assistance during its protracted treatment, but also for his detailed report, which, however, I have condensed, so as to present only those points of the treatment which are of special interest.

The case is, I think, deserving of attention for two reasons: —first, because of its favorable termination, as it is stated by Aitkin in his "Science and Practice of Medicine," (when referring to the experience of Dr. Bowditch, who had performed the operation of Paracentesis thoracis 150 times), that, "If the fluid afterwards" (*i.e.*, after the first tapping) "becomes purulent an almost certain fatality attended such a change;" and secondly, because of the simple and, as far as I know, novel means which were employed in the surgical treatment.

When it became evident, after the third operation, that a constant, free evacuation of the sero-purulent matter was absolutely necessary, we debated whether or not we should introduce an ordinary drainage tube. To this I had a strong objection, for, notwithstanding the opinion expressed by Dr. Fuller, that when pus exists, "the admission of air is not of the slightest importance," I could not resist the conviction that such a result was very undesirable, and I felt satisfied that if the fluid was allowed to drain off through an ordinary drainage tube, the necessary consequence would be, that as the fluid ran out, air would freely pass into the pleural cavity, and not only would decomposition of the pus be hastened and the chances of pyæmia be fearfully increased thereby, but expansion of the lung, supposing that it retained any expansibility, would be effectually and absolutely prevented. On these grounds I chose such a contrivance as would allow the fluid to be evacuated without the admission of air. The india rubber tube, manipulated as described in Dr. Johnson's report, accomplished the end most satisfactorily, and for a long time I thought we were safe from any source of failure. When, however, the contents of the cavity became foul, as was evidenced by the escape of fœtid gas from around the tube, I found I had a most formidable complication to combat; and it was then that the idea occurred to me that the tube could not only be used as a siphon to draw off the pus, but also to run fluid *into* the cavity. I immediately tried the experiment, as detailed in the report, and the result was most satisfactory, although appalling at first, for I found most unexpectedly that, during the six weeks which had elapsed since the tube had been inserted, decomposition had gone on to such an extent that three hours constant work were required to remove the horribly putrid matter; but when this was accomplished, I felt that I had the disease *completely under control.*

From that time I never despaired of ultimate success. My confidence continued unshaken, notwithstanding the discovery afterwards that some of the putrid fibrin had escaped the previous washings, for a change of position was all that was required to remove it completely, and I was never afterwards troubled with its recurrence.

I have already occupied so much of your valuable space, that I will briefly mention only some of the points which occur to me as important, and which are suggested by my experience. As regards the tube, it should be as large in diameter as the largest canula would permit, so that any fibrinous shreds can pass through it; of sufficient firmness that the pressure of the thoracic wall would not compress it; and so graduated that no doubt can be felt as to the extent of its entrance into the chest. Its free end should be secured by tying with whip-cord and doubling down and tying again; and this should always be done before removing it from the fluid. As regards the securing of the tube: we found that the best plan was to put four strips of adhesive plaster, about one inch wide, crossways on the margins of the chest, then to pass two narrow long strips around the tube immediately at its exit, and secure one above and the other below to the side; and finally to coil the tube up and bind it below the clavicle by plasters and the flannel roller.

Experience has proved that it is not safe to trust merely to the withdrawal of the pus. My patient was suffering from constitutional disturbance, caused by the decomposed matter, long before its existence was suspected. If the washing out had been resorted to at first, this would have been obviated.

With reference to the use of the carbolic acid, it should be borne in mind that all which is run into the chest does not run out again, for it has been mixed with the fluid remaining in the chest. Of course, only the overflow runs out, for as the walls of the chest are unyielding and cannot collapse, it is impossible to withdraw fluid entirely out without at the same time letting air in. Forgetful of this principle, we used the carbolic acid on one occasion too strong, and produced symptoms of poisoning which were quite alarming.

I have had only one other opportunity of testing the siphon plan. The result of it was most satisfactory; but as Dr. Oldwright, whose patient it was, will no doubt present a history of the case, I will only remark that it was a good one by which to judge of the value of the treatment, as it presented features which were quite different from those of my case.

In conclusion, I would express my conviction that the process which I followed in this case is not only the simplest and most perfect in its operation, but also secures to the patient the greatest chances of recovery, so far as operative interference is concerned.

THE "GAZETTE HEBDOMADAIRE" AND THE FRENCH PHYSICIANS.—Most cordially do we greet the renewal of acquaintance with our old, familiar friend, the *Gazette Hebdomadire*, after the interruption of its visits by the "two sieges of Paris"—an interruption due, not to want of industry or of devotion to duty on the part of the editor, Dr. Dechambre, but to the insurmountable cordon of war. We gather from its well stored pages that the medical scientists of Paris are labouring with increased assiduity in the service of the profession and of humanity, in their "concours," and clinics, and lectures, and in their numerous associations. The fidelity and zeal with which they adhered to their proper work during troubles and dangers never before surpassed, reflect unbounded honor both on themselves and on the profession at large. The only bright and stainless page in the history of the French metropolis for the year 1871, is that which records the deeds of the medical profession.—*Pacific Med. and Surg. Journal.*

EPIDERMIC GRAFTING.

BY GEO. GROTE, M.B., (ONE OF THE SURGEONS TO THE GERMAN ARMY IN THE LATE FRANCO-GERMAN WAR)
ST. CATHARINES, ONTARIO.

Having spent the greater part of last year in Europe I had frequent opportunities of witnessing surgical operations of a most interesting and instructive character, and not only did I witness various operations, but I became an active worker in hospitals on the Rhine during the late Franco-German war. There we did not try the advantages of skin grafting as there was more work than we could do, of a character which seemed of greater importance to the hundreds of poor sufferers around us. Skin grafting may have been performed in some of the hospitals during the war, but I do not remember having seen any notice of such practice. From a careful study, however, of a large number of cases where large patches of skin were removed by shot and shell, I became anxious to try the good effect of transplanting as soon as an opportunity presented itself. On my return to England I took charge of a large practice in order that I might have ample opportunities of treating cases, requiring surgical operations, and more particularly those cases where epidermic grafting would be of the greatest advantage to the patient. It was not long until a case suitable for the operation came under my notice. This was an ulcer of long standing and was still spreading. The ulcer was situated on the very common site, the anterior surface of the leg, and resulted from an abrasion of the skin two years previous. The ulcer was at the time of operating about two and a half inches in diameter, with elevated edges, discharging pus freely of a very fœtid character and very painful, indeed so painful was it that the man could not get rest at night, and his health was fast failing.

I take the following from my case book. Benjamin Murrick, æt 45, residing near Smithwick, County of Staffordshire. The operation was performed on the 21st of December, 1870. From the unhealthy state of the ulcer it was necessary to improve its condition, as also the general health of the patient before operating. This I did in time by the steady use of Pot. Iodide in large doses *ter die*, and the constant employment of lotions of Chloride of Zinc and Carbolic Acid alternated, and linseed meal poultices at night, together with a sedative draught to relieve pain. Gradually the ulcer began to take on a healthy character, healthy granulations began to appear, and the general health of the patient so far improved that I determined to operate at once. I operated as follows:—A small piece of skin was taken from the anterior surface of the arm, midway between the shoulder and elbow joints (this part being chosen as one not easily disturbed while healing), this I divided into four pieces, and after slightly scratching the surface in four places at equal distances from the centre of the ulcer the grafts were carefully applied and strapped in their places by two narrow strips of adhesive plaster. A piece of lint saturated in carbolic acid lotion, strength one in forty, was applied, and above this a pad of lint to maintain the equal temperature; a bandage was applied over all rather firmly in order that the grafts might be retained in their place. In two days after, I removed the dressing when the epidermis came away from the grafts, which remained firm in their places, but appeared raised from the surface of the ulcer and of a white, dead appearance. I continued the carbolic acid dressing and Pot. Iodide treatment. Seven days after, the grafts began to assume the appearance of the surrounding granulations, and in a few days lines of cicatrization were seen starting out in all directions from the grafts. The case went on successfully under the above treatment till gradually a good cicatrix covered the whole surface of the ulcer. The man is now perfectly well and able to go about his work, Jan. 30th, 1871.

As the transplanting of skin is now becoming a subject of such great importance, and is at the present moment exciting the deepest interest in the medical profession, not only in this country, but also in Europe, I beg to trespass on your space, and also on the patience of my readers, by giving a short history of epidermic grafting, as well as a more detailed account of the operation.

So interesting a subject is it, that in every day surgery it has only to be tried to be approved. It is also worthy of the highest congratulation to know that transplantation of skin in ulcers is a certain means of cure, which has hitherto in a great measure been unattainable. I must here mention, that the ulcer must be in a healthy condition with a fair granulating surface.

It is not necessary that a neck of the integument to be applied to the ulcer should be left attached to its former place as was orignally supposed, and as many experiments have recently proved.

Dr. Frank Hamilton, of New York, suggested this plan as early as 1847, but put it into operation the first time in 1854, in the person of Horace Driscoll, who had lost a large portion of the integument of his leg by the fall of a heavy stone upon it. After the lapse of fifteen months it was apparent that the ordinary processes of nature were insufficient for repair. The integument was taken from the opposite calf, but did not cover the entire surface. In ninety days cicatrization was complete and has remained so.

It was proved by Dr. Hamilton that the piece engrafted need not cover the entire surface of the ulcer, but he did not, however, discover that the graft might be wholly separated before insertion. M. Riverdin, of Paris, recently demonstrated that portions of skin of various sizes might be removed from any part of the body and engrafted on a granulating surface; that they would live, act as centres of cicatrization, give new vigor to the healing part, materially hasten recovery, and even bring about restoration in some ulcers, which from their size, would otherwise never have been healed.

Two leading objects in applying the treatment to ulcers must be borne in mind; firstly, rapidity of cure, and secondly permanence of cicatrization. It is also important to consider at what time to operate.

The condition of the ulcer must be observed. It would be quite useless to operate unless there are healthy granulations, and the edges of the ulcer are disposed to approach the centre. We must also take into consideration the number of pieces to be grafted, how near they should be placed, and whether the whole or part of the cutis should be inserted. Mr. Pollock and many others have shown that a piece the size of a millet seed, whether including the whole or part of the *cutis vera* answers admirably, while by others the minutest subdivisions have succeeded equally as well. In the cases treated by myself the grafts employed were one-eighth of an inch in diameter, but pieces of entire skin a quarter of an inch in diameter would also answer well.

From the above it is seen that all that is essential is the papillary layer of the *cutis*, no matter how small, capable of developing cuticle and therefore cicatrization.

It is well to bear in mind the size of the cicatrix which will result, and the strain to which it will be subjected, therefore, if the ulcer be a large one it is all important that there should be several centres of cicatrization.

In operating, a portion of skin is pinched up in a forceps, or between the finger and thumb, and removed either in the entire thickness or in part; it is essential that no areolar tissue and fat be removed, and that the papillary layer of cutis be not removed from the graft.

The granulations, if quite healthy, need only be clean, if not quite bright and active should be slightly scratched, and when bleeding has stopped the graft is laid upon the surface. The portion of skin removed can easily be cut up if required and each portion applied on the point of the scalpel.

The graft or grafts are retained in their place by means of narrow strips of adhesive plaster, or isinglass plaster—over these, water dressing or any lotion suitable to the state of the granulations; then a compress of cotton wool retained by a bandage, rather firmly applied to insure close adaptation of the grafts to the granulations is applied. The wool also serves to keep the graft warm; ointments should be avoided at first, as particles might get under the graft and separate it. Unless there is copious suppuration it is well not to disturb the dressing till the second day; the appearance then present is the epidermis of the graft, lying free on the granulations, dressings, or on the graft. The graft will now appear contracted and pale.

During the next five days the graft becomes vascular, and looks very like the surrounding granulations, and is nearly lost to view unless it be of some size, when it appears as a raised mass. It is often difficult to distinguish the graft if small, for the first seven or twelve days. The first indication of activity is a faint blue cicatrizing aspect in the site of the graft. If the graft be near the circumference, a line of cicatrization will be seen running from it to the graft, in fact, these lines will shoot out in all directions, and in time cover the whole surface of the ulcer.

As soon as the grafts have established themselves cicatrization spreads very rapidly. The grafts seem to act as natural stimulants, and arouse new energy in the marginal cicatrizing edge.

In conclusion, by this process of grafting we shall be able to prevent those unsightly and distressing contractions of burns, hitherto so frequent, and to remedy them when they have occurred. Another field of usefulness is offered to skin grafting in cases of severe lacerated wounds, requiring partial amputation, or involving considerable sloughing. In retraction of stumps, leaving bones covered with granulations only, transplantation of skin will be of great service, and will doubtless save some secondary amputations. It is not necessary to take the graft from the person to be operated on, it can be taken from another healthy subject. The patient must be kept in his bed and well nourished with good nutritious food.

The operation does not always succeed; but it does so in a sufficient number of cases to warrant our trying the experiment.

I have much pleasure in contributing my testimony in favor of epidermic grafting, and shall be glad to see reported in the LANCET cases of other successful operations among my fellow surgeons. Should this simple operation prove after a few years experience among professional men to be successful in a majority of cases, the profession will be able to establish the reputation of an operation which must prove to be one of the most valuable discoveries of the 19th century.

ANEURISM OF THE THORACIC AORTA. RUPTURE INTO THE ŒSOPHAGUS.

BY ASSISTANT SURGEON F. W. HODDER, M.B., H.M.'S 45TH REGIMENT SHERWOOD FORRESTERS.

Private J. McE——, aged 38 years, 21 years service, an invalid, arrived in Madras from Burmah on the 6th August, with valvular disease of the heart. A bruit was heard with the second sound of the heart, extending up the aorta. His principal symptoms were severe intermittent darting pain and numbness of the left side, extending from the dorsal region of the spine to to the middle line in front, from about the fifth rib to the ninth or tenth. There was distinct pulsation to be felt on pressing upwards at the epigastrium; he also was conscious of it himself. No bruit could be heard at this part. After a short time, he began to complain of difficulty in swallowing, which increased, the food either passing slowly or being returned by vomiting. Early on the 16th September he felt something give way, and immediately a large quantity of arterial blood was vomited; it stopped for a time, but again returned at night in a large quantity, and again stopped: it occurred for the third time early on the 18th, and he died.

At the post-mortem examination a large aneurism of the descending thoracic aorta was found pressing backwards and producing absorption of a large portion of the bodies of the 4th, 5th, 6th, 7th, and 8th dorsal vertebræ; its size was about 4x4½ inches, and it was lined by much rough loose fibrine and clotted blood. It had opened into the œsophagus by an aperture that would admit the top of the little finger, and which was plugged by a clot. The left lung was found small and hepatized, and had evidently done no work for some time from pressure of the aneurism.

Several interesting points are connected with the case, namely, that he lived for two days after the sac gave way, the bleeding having stopped twice for a considerable interval, either from failure of the circulation or from a loose clot being forced into the opening by the rush of blood; the loss of sensation in the side, and yet the great pain he suffered from pressure on the cord or roots of the nerves arising from it, and from his records it appears that during his service, he had done no less than 513 days pack drill, and had had 240 days imprisonment, and it is probable that this circumstance may have originated the disease. (*Madras Medical Journal.*)

* * *

TREATMENT OF DISEASE BY ALCOHOL.—A circular has been issued by Dr. Burrows, President of the Royal College of Physicians, to a number of the leading medical men, calling attention to the tendency to intemperance engendered by the use of alcohol in disease, and asking for their support in guarding against this danger. The object is one likely to gain the sympathy of thoughtful practitioners. It will in due course be published, with the signatures attached, in the medical journals. (*British Medical Journal.*)

ABSCESS OF THE APPENDIX VERMIFORMIS, FOLLOWED WITH PHLEBITIS OF THE LEFT LEG.

BY CLARKSON FREEMAN, M. D. MILTON, ONT.

From memory, I will give a brief report of the following interesting case which occurred in January, 1870, to a very healthy young friend aged 19, who was residing in my family at the above date, and during his subsequent illness. After an active day's exertion, during which the operation of defæcation had been deferred from his usual time in the morning until a very late hour at night, he had a very copious stool, accompanied with severe pain in the right iliac fossa, which continued paroxysmally during the night, with fever and nausea. The next morning slight induration at the seat of pain could be detected by pressure. He assumed the recumbent position on the right side with his right thigh flexed. The symptoms continued with severe constitutional disturbance for two weeks, when he passed *per rectum* about three ounces of pus, which was followed by a gradual subsidence of his febrile symptoms, and ability to lie on any side with ease for a few days. Then there was an exacerbation of the symptoms. The pulse was over 120, wiry, tongue dry and parched, great prostration and profuse perspiration in the mornings. Pain more or less over the abdomen, but more particularly in the right iliac region. He was unable to occupy any position but on the right side, with increased flexion of the right thigh. The hard tumor increased gradually, and its extension pressed so greatly against the bladder and rectum that it caused constant dribbling of urine and such loss of the peristaltic motion of the bowels that the operation of defæcation required three hours, although laxatives were administered every other day. As soon as I could possibly detect the slightest deep-seated fluctuation, with the concurrence of Drs. Robinson, Street, and Dr. Wm. Freeman, while the patient was under the influence of chloroform I made a free opening with a curved bistoury about midway over Pouparts ligament, into the deep-seated abscess which presented a resemblance to an over distended bladder in the right iliac fossa. This gave exit to a quart or more of the most fetid pus. It continued to discharge freely until phlebitis commenced in the left leg about ten days after the opening of the abscess, when the patient suddenly felt a severe throbbing pain in the left femoral region, accompanied with rapid tumefaction of the entire limb. By constant fomentation with hops, it subsided after a week or ten days, when the abscess again discharged freely, with a most abominable smell, which continued for months, with an occasional exit of small concretions.

By a generous course of the most nutritious diet with tonics, such as Syr. phosp. iron. quinine, and strychine and wine *ad libitum*, after four months confinement to his bed by his protracted illness, there was, strange to say, an inch added to his height. He now enjoys excellent health, with only a slight enlargement of the left leg, necessitating the use of an elastic stocking. A weak solution of permanganate of potash was occasionally injected with beneficial effect.

DIAGNOSIS OF URETHRAL AND VESICAL DISEASES.

A CLINIC, BY SIR HENRY THOMPSON.

I commence to-day my usual course of lectures, modified somewhat by circumstances. Thus I desire to condense a little my opening remarks on diagnosis to-day. I may premise that I give this course of lectures on the diseases of the urinary organs, because my wards offer you so large a field for their study, and also because there is no class of diseases in which you can afford so much relief to the patient as in this, or so certainly mitigate suffering. There are no diseases more painful, and none the relief of which will gain you more gratitude from your patients.

In the matter of diagnosis, however, it is of the greatest importance that it should be a correct one, and not only correct, but rapidly made. I have now to say what I have said to you before, that I interrogate all these patients on the same system, and I advise you to follow this plan. I employ only four questions for urinary patients, and I advise you to use these four questions also, and always in the same order. The first question is, is there any deviation in the frequency of passing urine? The second is, is there any pain in the act? The third, is there any blood in the urine? And the fourth is, are the characters of the urine altered [quality and quantity]?

We shall see that in all cases of urinary disease these 'four questions are sufficient, together with the supplementary inquiries which arise out of them; yet we know how often such cases are misunderstood—indeed, the simplest are often mistaken, through not pursuing a systematic method in arriving at a diagnosis. First of all, let us look at the question of *frequency.* Almost every disease of the urinary organs produces some deviation in the natural frequency of passing urine. As a rule, let it be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended; and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied: instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. This is one, and one only, of these affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine. Now, as a supplementary question, you should next ask, is the frequency greater at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now, that extremely common complaint, *hypertrophy of the prostate,* is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out; you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question of *pain.* This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perinæum, you may ask if he feels the pain before, during, or after, passing urine. If the pain be before, that is because the mucous membrane is becoming uneasy in consequence of distension. If he find it painful during or after passing urine, and in the end of the penis, he is likely to have stone; and especially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstances in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in colour, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder, you find blood: it is as common in calculus as hæmoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually rather florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in colour—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed unnecessarily on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if this be not an habitual appearance, you may make light of it. If, on the other hand, a heavy deposit of lithates be constant, you must look into his habits and correct his digestion—probably restrict some indulgence in diet. If, also, the urine do not become clear with heat, you have an organic compound to deal with, and you must find out carefully the source of it.

Let me advise you always to make your patient pass his urine into two vessels for examination. I should not thank you for an examination of urine passed into one vessel; for whatever a man may happen to have lying in the urethra—a passage which is by no means always clear and sound—passes with it. Let him pass an ounce or two into one vessel, and examine only what you find in the second vessel. If there be gleety discharge, if there be stricture of the urethra, you will find shreds of pus and mucus and blood-corpuscles in the first glass, but not in the second. In chronic prostatitis, always in hypertrophy of the prostate, sometimes there will be a deposit in the first vessel, which would much mislead you if you imagined it to come from the bladder or kidney. This specimem you must examine for albumen, for sugar, and you must inquire also the quantity passed *per diem*. Well, then, if a patient have told you that he has frequency of passing urine, increased by exercise; that he has pain at the end of the penis; that he passes blood; and that his urine is changed, you may arrive at a pretty good diagnosis of his case. But you would be very much to blame if you did not further examine the man: you must pass an instrument. It is best to be straightforward with patients and tell them so. People have too much common sense to be dealt with otherwise than plainly in these matters. You need not always sound a man with a stiff rigid metallic instrument at first, who has never had an instrument of any kind in his urethra. It is best to take a soft instrument, pass it gently into the bladder, which produces very little discomfort, and so diminish the patient's fear. You can then say, pass another instrument (which will give you a little more pain), and ascertain completely what is the matter.

[Sir Henry Thompson then exhibited the various instruments used in the diagnosis of diseases of the bladder and urethra, and explained their several uses—promising to continue the subject on the next occasion of his lecture.]—*British Medical Journal.*

GONORRHEA CURED IN TWO DAYS.—A writer in the *London Lancet* claims to cure gonorrhea and gleet in from two to six days, by injecting a solution of per-manganate of potassa, five to ten or fifteen grains to an ounce of water. The injection is to be repeated at least four times a day. It causes no pain or inconvenience.—*Pacific Medical and Surgical Journal.*

BARBAROUS TREATMENT BY A MIDWIFE.

BY J. M. PEMWARDEN, M.D., FINGAL.

One very hot day, in the month of July, 1865, I was called to a case of accouchement, that the messenger stated, had been in progress for more than 48 hours. As the distance was some 10 or 11 miles, some considerable time elapsed before my arrival there. On being shown into the room, I was struck with the peculiar odor, apparently emanating from the patient. On examination, I found the pulse almost imperceptible, and the patient nearly unconscious. I attempted a vaginal examination, but found the parts so *hot, tender*, and *swollen*, that it was almost impossible. However, after exercising great care and gentleness, my finger at last penetrated the dilated os, and impinged on some small slender bones; with spaces between, which I at once recognised as the ribs of the child, with their corresponding intercostal spaces. Continuing the examination, my finger touched a small, pyriform, depressed portion of bone, which puzzled me very much, as I had expected to find in that position, the shoulder. After a little more search, and a good deal of hard thinking. I felt what I thought was torn muscular fibre; and I then made up my mind that the hand had presented, and that the midwife, by some means or other, had pulled off the arm from the shoulder, and that the bone I felt was the glenoid cavity. I then confronted the midwife, and asked her in no very gentle terms "What she had done to the woman." She answered, "nothing." But, on telling her I would immediately send for a constable and have her arrested, if she did not show me what she had taken from the woman, she produced the *two arms of the child, with the clavicle and scapula attached to one, and the clavicle to the other ;* and confessed that by means of a noose, above the elbow of the child, connected to a towel around her shoulders, she had succeeded in extracting, first one arm without much trouble, and then the other after a great deal of difficulty. I then sent for chloroform and a consulting physician, and in the meantime began doing what I could towards allaying the inflammation of the external parts, and strengthening the patient. On the arrival of the physician, he very kindly administered the chloroform, and [I succeeded in turning and delivering the which was being decomposed very rapidly, thus accounting for the fœtor.

The woman, although of course very weak, did remarkably well, till the second night after the delivery; when the husband, after a few hours' absence, came home drunk, and told her, he would kill her, if she did not get up and clean herself. Being very much frightened she got up on the floor, changed her clothes, and feeling faint, laid down and immediately expired. This was the unfortunate termination of the most extraordinary case of labor that I ever met with. Extraordinary on account of barbarous treatment, and instructive as it teaches us the absolute necessity of keeping our lying-in patients in the horizontal position, till all danger of fatal syncope or formation of clots in the heart, is passed.

January 17th, 1872.

NEW REMEDIES.

Those substances, medicines, or *agents* for the amelioration or cure of Disease, which have been brought before the medical profession and are designated as new remedies, are by no means few in number.

I do not intend to mention, and perhaps not even enumerate, one-half of them. In fact, some of the more recent I have never seen, and the only knowledge of their action is obtained by reports in the various medical journals of the day.

So far as my own experience goes, the therapeutical action and properties of a very few only have been observed.

The *Hydrate of Chloral* has now become so well known to the profession that it has taken rank, and is worthy to stand at the head as a hypnotic. In my hands, it has always produced sleep, when given in proper quantities. In one case it seemed to have lost this action, after having been taken for nearly eight weeks. The patient was an intelligent physician, aged seventy. The drug acted at first to produce refreshing sleep, with no unpleasant feeling that could be attributed to its use. It, however, after about eight weeks, lost its power as a sleep producer, and could not be taken in any form or quantity, as it produced nausea and excessive wakefulness.

In the case of an intelligent female, æt. fifty-two, with uterine disease of long standing, in which wakefulness was the most, distressing symptom complained of, the Hydrate gave perfect relief when administered in eight grain doses at bedtime. This was increased to twelve grains and continued for fourteen weeks, when she abandoned it from fear of contracting a bad habit, and of its having some injurious effect on her constitution.

The *Ordeal Bean of Calibar* (Physostigma Venenosum) seems to be growing in favor with the profession. In my own hands, I have had but little experience with it. I have given it in one case of Traumatic Tetanus, in the form of Alcoholic Tincture by the mouth, with no decided benefit. Dr. Fraser recommends the subcutaneous injection with one-third of a grain of the alcoholic extract every two hours, until the system is decidedly affected; then to administer the remedy in three times this dose by the mouth.

I have used it with great satisfaction in long standing cases of *Chorea*. In one case of more than one years standing, a perfect cure was obtained.

Iodoform, (Teriodide of Formyl.) This drug I have administered mostly in combination with Iron in anæmic females. Also, in one case of Goitre, its action has been highly satisfactory. The principal diseases for which it has been tried are Phthisis, Amenorrhœa, Syphilis, Glandular Tumors, and Cutaneous Eruptions. In chronic enlargement of Prostate Gland, M. Moritan used Iodoform as a suppository, one scruple to one ounce of butter, with great benefit to the patient.

Besides the well known effects of Iodine, and its preparations, Iodoform has the advantage of the former preparations, in being stronger, more uniform in its action on the system, and does not act as a local irritant, and can be given uninterruptedly.

Apiol.—The active principle of the seeds of Petroselinum Sativum, acts on the system very much the same as Quinine, producing in a dose of about fifteen grains, slight cerebral excitement, without unpleasant effects of any kind. In large doses it produces headache, giddiness, morbid sight and sounds, with all the characteristic effects of a large dose of Quinine. Administered for intermittents, in temperate latitudes, eighty-six per cent. of cures have been reported. It acts slightly as a diuretic, and is said to have a sedative action over the uterus.

Carbolic Acid, or *Phenol*, has gained a high position in the minds of medical men, as an antiseptic and disinfectant. Although its properties are so well known by its being now almost an indispensable article in the daily use of surgeons, it has but recently attracted the attention of the profession as a local anæsthetic, in a published article by J. H. Bill, in the *American Journal of Medical Science*. Also, in the *London Journal of Cutaneous Medicine*, by Erasmus Wilson. This property has been observed by myself, and reported some three years since in the county medical society of Winnebago county.

Nitrous Oxide, as an anæsthetic, is not properly a new remedy. Its application by Horace Wells, of Hartford, Conn., in December, 1844, was the commencement of anæsthesia. The deaths from administering chloroform in the United States, are reported as one in five thousand eight hundred and eighty-two. From ether, not more than one-eighth as great a number. From Nitrous Oxide the danger of death is almost nothing, if properly and judiciously administered. When we take into consideration that a large majority of the cases requiring any anæsthetic are momentary operations and do not require a long continuance of this condition, and the immunity from pain is nearly, if not quite, as certain as by chloroform or ether, and the danger to life very much less, the inconvenience to the physician becomes of a secondary importance, and is not to be weighed by the advantage accruing to his patient. (*Dr. T. P. Russell in the Northwestern Medical and Surgical Journal.*)

◆

VENTILATION OF SEWERS.

In the statements which have been made regarding the drainage and water-supply at Scarborough, with reference to the illness of His Royal Highness the Prince of Wales, little or no notice has been taken of the *ventilation* of the sewers. This, however, is a matter of great importance; for it has been shown that hurtful results are liable to arise where sewers and drains and drains are trapped, on account of the extreme lightness of sewer-gas, if proper attention have not been paid to their frequent ventilation, especially at the highest outside points. In such cases, typhoid fever, when it occurs, as a rule does not attack the houses in the low-lying parts, but those in the higher localities. At Croydon, for instance, five or six years ago typhoid fever broke out, but affected only the high and best parts of the town. The sewers and drains were found to be in good order and properly trapped; the water was pure; but there was no system of sewer-ventilation. Since then all the sewers and house-drains have been properly ventilated, and a case of typhoid has scarcely been known. Again, at the Orphan Asylum at Beddington, an outbreak of typhoid which occurred three or four years ago, was distinctly traced to the absence of outside ventilation for the house-drains, which discharged their gas into the various parts of the building. At Eastbourne, in 1868 and 1869, typhoid was prevalent, and in the high-lying parts of the town. Here there were ventilators, but they were blocked with charcoal, and, as the waste-pipes of the house-cisterns communicated directly with the sewers, they became, in fact, real sewer-ventilators inside the houses. A similar occurrence is mentioned by Dr. A. Carpenter, as having taken place at the Warehousemen and Clerks' Schools at Caterham in 1867. In this latter case, the disease occurred in the colder period of the year, when ventilation by means of open windows was not much resorted to; and, the rooms being heated by hot-water pipes, there were no open chimneys to act as ventilators. Nearly forty per cent. of the children who used the class-rooms in the morning suffered from the typhoid fever. These schools are situated on the summit of a high country hill of chalk.

A system of sewerage cannot be held to be complete, or even proper, when the ventilation is not perfect. Traps are quite useless when the gas has reached a certain pressure, for it will force them; but with proper outside ventilation of the sewers, the communicating house-drains cannot ever store in them so much sewer-gas as will be sufficient to force a properly made trap. We must urge our medical brethren to impress upon those who have to do with these matters, that drain-traps will not give security and ensure freedom from poisoning with sewage-gas unless the sewers with which the drains communicate are thoroughly well-ventilated.—*British Medical Journal.*

AMPUTATION OF REDUNDANT SCROTUM IN THE TREATMENT OF VARICOCELE.

In an able article upon this subject, in the July number of the *Journal of Syphilography and Dermatology*, Dr. M. H. Henry, Surgeon to the Department of Venereal and Skin Diseases, New York Dispensary, describes the instrument which he has devised for the double purpose of controlling the hæmorrhage and serving as a guide to the operator. The following extracts, with the accompanying illustration, will give an idea of the instrument, and the manner in which it is to be used:

"The instrument, which I have called Scrotal Forceps, consists of two parts.

"The main part of the instrument, Fig. 1, has two double-curved blades, made of steel, ten inches long, sufficiently heavy to give strength and admit of pressure without injury when used. The handles, *a*, are large enough to admit finger or thumb without cramping.

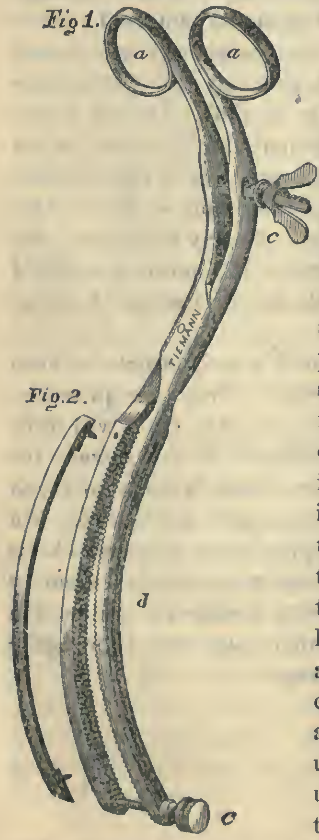


Fig 1.

Fig. 2.

"The lower half of the instrument below the joint, *b*, is fenestrated in both blades; the coapting surfaces are evenly notched, to prevent the tissues from slipping—affording, according to experience, a more secure hold on the soft parts, with less pressure and less injury than smooth surfaces. The fenestra afford the surgeon the facility of inserting all his ligatures before dividing the parts, should he elect this method of bringing the edges together; the thickness of the upper blade from the line of insertion of the ligatures leaving ample tissue to assist union, and, if the incision be a clean one, the equal pressure or tension will prevent, as far as any effort or care can control, ulceration through the stitches before union has taken place. The curve in the blades is made according to natural lines, which it is desirable to follow in removal of the scrotum.

"The handles are curved so that, while they maintain a direct median line, they do not interfere or press on the genital parts, besides giving additional security and compactness to the whole. The screws in the handle and the end of the blades, *c*, give additional security during the operation, without the aid of an assistant.

"The extra blade, Fig. 2, is made of steel, nickel-plated, and is maintained in the right blade of the forceps by two small pins and the slight tension put on the spring of the metal. It is easily inserted with a little pressure, and removed as easily by inserting the nail or the handle of any instrument between the two blades and dislodging it.

"When the operator prefers the glover's or running stitch, the extra blade is used as a guide in the amputation of the parts. When this is accomplished, by displacing the blade, a free border is exposed—about the sixth of an inch in thickness—and in a minute or so the wound can be stitched perfectly without any inconvenience. The forceps are, of course, not removed until this is accomplished. . . . .

"Before the operation, the patient should have free evacuation from the bowels, to avoid the necessity of getting up or being disturbed for twenty-four hours after the operation.

"Besides the forceps, which I have already described, the only instruments necessary are—a pair of large, strong scissors with flat blades, or blades curved flatwise; needles, with either silk or fine silver wire for sutures; a few acupressure needles; a few *serres-fines*, and some adhesive plaster. Before any anæsthetic is administered, the patient should be carefully examined, and the forceps applied while in a standing position; this will enable the surgeon to lift up the testes, and afford him the best opportunity to decide the exact portion of scrotum to be removed. If this precaution be taken, there is no danger whatever of his removing too much tissue. I am satisfied there is much more danger of his not cutting off enough. The patient being placed in a recumbent position, his thighs well separated with folded towels, the forceps are applied by placing the blades in front and under the anterior portion of the scrotum, and held in a direct median line. The end of the forceps being close to the perinæum, the scrotum is engaged between the blades of the forceps. Care must, of course, be exercised not to include anything more than the scrotum. As soon as they are adjusted, and the proper amount of tissue to be removed engaged between the blades, the screws should be tightened and the part removed.

"Although I have described above a method of operating through the fenestra, I prefer the operation with the extra blade, with this exception, that instead of the running stitch I use the ordinary interrupted suture; while it is not so quickly performed, it offers great advantages, if it should subsequently be found necessary to divide one or two stitches in case of hæmorrhage or in case of severe œdema. If the running stitch be used, and either of these last-named features should present itself, if any division whatever be made in the course of the running stitch, there is danger of breaking up through the entire course of the wound, whatever union may have taken place. If the interrupted suture be used, however, each stitch, being independent of its neighbor, affords facilities, under these circumstances, which I think are of no small value."—*Medical World.*

MODIFICATION OF THE ÆSTHESIOMETER.

BY REUBEN A. VANCE, M.D.

Some months since, in an article treating of the early symptoms of cerebral disease, I made use of the following language:

"Cases occur continually in which it is necessary to push to the utmost all available means for acquiring a knowledge of the condition of the cerebro-spinal centres. When speaking of the symptoms due to altered conditions of the nervous filaments distributed to the integumentary structures of the body, the remark was made that many of the modifications wrought by cerebral disease were not declared in consciousness, and therefore formed no part of the history of the case. This is the fact save in those rare instances where by accident the patient discovers the peculiarity to be mentioned. The nerves of the integument may be modified in one of three ways: their functional activity may be increased—*hyperæsthesia;* diminished—*anæsthesia;* or altered so as to cause the peculiar conditions technically known as *analgesia* or *dyæsthesia.* The patient will not fail to become conscious sooner or later of the existence of any one of these conditions, except *anæsthesia.* Tactile sensation may be abolished for long intervals without the individual being aware of the fact. In the early stages of cerebral disease, careful observation demonstrates the fact that this endowment of the skin may be implicated at a period prior to the appearance of any other pathological process which the physician can recognize. Such being the case, it is of the greatest moment that in any patient suspected of having brain disease the condition of the tactile sensibility be investigated, and any alteration from the natural standard carefully noted. This necessity has led to the invention of instruments for the determination of the cutaneous sensibility."*

The earliest attempt in this direction was made by Dr. Sieveking, of London, who, in 1858, described an instrument for this purpose which he called an æsthesiometer. This was simply a modification of the common beam-compass employed by carpenters, and is yet in common use among physicians interested in the pathology of the cerebro-spinal organs.

The class of cases in which it is useful were thus enumerated by Dr. Sieveking:

1. "In actual paralysis, to determine the amount and extent of sensational impairment.

2. "As a means of diagnosis between actual paralysis of sensation and mere subjective anæsthesia. in which the tactile powers are unaltered.

3. "As a means for determining the progress of a given case of paralysis for better or for worse."†

The diagnostic value of an instrument of this nature in cases where sensibility is affected depends upon the fact that the capability of distinguishing two impressions made simultaneously varies in different regions of the body according to the distance they are apart.

"For instance, the two points of a pair of compasses can be distinguished at about the sixth of an inch apart when applied to the end of the finger, while on the back of the hand only one point is felt, though they are an inch apart. The compasses contained in any draughting case answer admirably in any instance where it is necessary to employ an instrument for the purpose of measuring the sensibility. In practice, it is unnecessary to pay attention to the elaborate tables which record what purports to be the absolute sensibility of the different regions of the body, for each and every individual examined will be found to present variations from these standards. In investigating disease, the capital fact to be borne in mind is, that the comparative sensibility of corresponding situations on the two sides are almost alike as regards sensibility, the left side being a trifle the most sensitive, according to my observations. In cases of impending cerebral disease, while the sensibility on one side remains normal, there will be such marked anæsthesia of the opposite side that the points of the æsthesiometer will have to be separated four and five times as far as on the healthy side before the patient can distinguish the two points. It is unnecessary to dwell upon the diagnostic significance of so grave a fact as this." *

---

* VANCE: "The Early Symptoms of Cerebral Disease," *Michigan University Medical Journal*, July, 1871.

† SIEVEKING: *Brit. and Foreign Med.-Chirurg. Review*, January, 1858, p. 215.

Although it is undoubtedly true, as above stated, that an ordinary pair of compasses can be made to furnish valuable information in cases where it is necessary to test the cutaneous sensibility, yet it is equally true that such clumsy instruments are rarely to be resorted to. They are certainly not implements for a physician to use, and their employment is not calculated to produce a favorable effect upon the patient in regard either to the physician or his investigations. For the purpose of noting the phenomen apresented by patients suffering from brain diseases, it is essential to have an æsthesiometer of a compact form and small size—but one that can be conveniently carried in the pocket of the physician. This want has led to the construction of a number of instruments, many of which possess peculiar merit.

In the last number of the *Medical Record*, Dr. Alfred L. Carroll described and illustrated an instrument constructed on the general plan of the two-legged compass, but with each free extremity divided into two points, one blunt and the other sharp. (Fig. 1.) This arrangement enables the observer to determine the comparative sensibility to contact and pain at different distances by simply substituting the one pair of points for the other. Dr. Clymer provides himself with two pieces of cork or two small shot, and accomplishes the same result by placing them upon the sharp points of the ordinary instrument when he desires to test the sense of contact without danger of exciting that of pain.

---

* Vance: *l. c.*

The accompanying illustration (Fig. 2.) exhibits an instrument that, so far as portability is concerned, leaves nothing to be desired. When closed, the points are in coaptation, and are receceived in the case the same as the blades of a knife shut into its handle. When opened and the points separated, the distance between the points is denoted by the position of the slide, which is so arranged as to move over a scale engraved on one arm of the æsthesiometer. The scale is divided into inches and twelfths of an inch. The points can be separated to the extent of six inches. When closed, the instrument is four and one-fourth inches in length.

Fig. 1.

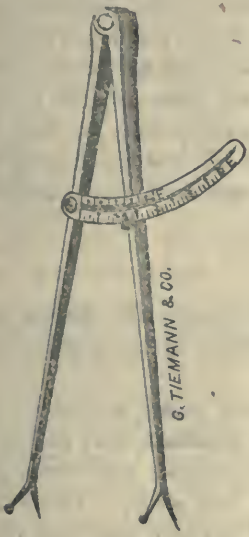
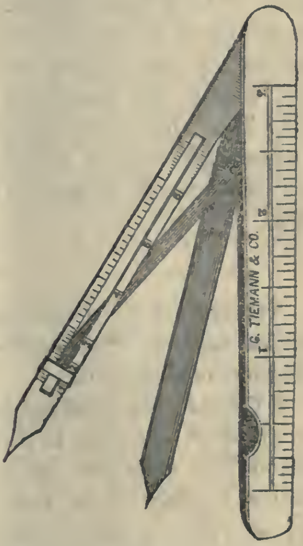


Fig. 2.



An instrument which, like this one, can be carried in the pocket habitually, will enable a physician to make observations which would otherwise be impossible. For instance, certain remedies have an important influence upon the cutaneous sensibility—some depressing, others exalting it. A little careful observation would furnish very valuable information upon these points, and might extend our knowledge of the mode of action of such remedies in a very important manner.

In certain forms of nervous disease, the æsthesiometer furnishes important data for prognosis. In a case of hemiplegia recently under my care, treatment was prosecuted for several weeks without the slightest amendment being apparent to the patient or his friends, yet during the whole time improvement was going on, for the tactile sensibility in the paralyzed side, as indicated by the æsthesiometer, gradually became more acute, until, finally, the sensibility of the two sides became nearly alike. The subsequent recovery of this patient fully justified the prognosis given from the first, and which was based entirely upon the results obtained with the æsthesiometer.—*Medical World.*

TREATMENT OF SMALL-POX.—Dr. Boyer in the *Medical and Surgical Reporter, Phila.*, gives the following as his mode of the treatment of small-pox:—

"Considering *small-pox* purely a *blood poison*, and the eruption an effort of nature to throw off or eliminate that poison, I concluded to strike at the seat of the disease, and direct my treatment solely to the eradication of that poison. For which purpose I gave a solution of 2 grains of carbolic acid, and 15 or 20 grains of sulphite of soda every three hours, *with no other* treatment than an ordinary purge during initiative or forming fever. The result after several month's trial, with myself and son, has been that in *every case of variola*, and confluent small-pox, on the fourth day of the eruption, the swelling of the face abated, the pulse fell to a normal rate, and the tongue commenced cleaning. the eruption commenced to dry up, and the pustules withered and *shrivelled.* By the seventh and eighth day of the eruption the patient was convalescent, without a sign or mark of having small-pox after the slight desquamation of the light scales, or scabs fell off.

In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally any soothing or cooling application for the first three days is all that is required, to allay the itching, etc."

STRICTURE OF ŒSOPHAGUS RELIEVED BY IODOFORM.

The valuable remedial properties of Iodoform were seemingly well exhibited in a case of Stricture of the Œsophagus which recently came under our care. It had been coming on for about a month with soreness and pain on the passage of the food down the tube, until finally this became completely obstructed, everything, even liquids, being rejected immediately after swallowing. The cause was not very apparent, although there might have been some sympathetic disturbance, as the patient, a female, was troubled with leucorrhœa and pain in the small of the back, yet was not usually hysterical or nervous, but rather of a placid disposition. The general health was fair, the tone of the system being somewhat reduced by the deficiency of food and vaginal drain, the tongue was clean, appetite and digestion good, the soreness being more perceptible in the œsophageal tube near the cardiac orifice. The stricture appeared to be of a mixed organic and spasmodic character, principally the latter, as it culminated somewhat suddenly without acute inflammatory symptoms. In accordance with the indications for an anæsthetic, anti-spasmodic and resolvent influence, six pills, each containing iodoform gr. j. ferrum red. gr. 1½, one t, d, were given, and with the happiest effect, the relief being prompt and decided. It is possible that this was but a mere coincidence, as spontaneous relaxation of spasm sometimes suddenly occurs in these disorders, yet such is rather improbable in the present instance from the history of the case and character of the remedy. Be that as it may, however, the ability to take nourishment was speedily restored, but as the soreness still remained to some extent, four additional pills of the same kind, one b, d, were ordered, with appropriate local treatment for the leucorrhœa, and as we have heard nothing further from the patient, though living near by, presume she is well.—*Medical Cosmos.*

◆

Colorless "Tincture of Iodine."—We have frequently been requested to publish a reliable formula for colorless tincture of iodine. Were we asked to cite an example of a white negro or a white blackbird, we should consider the task easier. The color of iodine we have always supposed to be an essential and unalterable property of that substance, but many of its compounds form colorless solutions, which is all that ever was or ever can be attained in the way of colorless solutions of that agent. The so-called colorless tinctures of iodine are simply tinctures of iodides the usual one being iodide of ammonium. This is made by adding successive portions of aqua ammonia to the common tincture of iodine until the color disappears, or, in other words, until all the iodine has entered into combination with the ammonia. A much more elegant and accurate method would be to at once dissolve the desired quantity of iodide of ammonium in dilute alcohol. This method will not only give a tincture free from any excess of ammonia or iodides, but will be found decidedly economical.

The addition of iodine to aqua ammonia occasions the formation of a black compound of a very explosive character when dry. This compound, believed to be the quadraiodide of Nitrogen (NI_4) usually explodes, if perfectly dry, on the slightest touch or jar, with great violence, wherefore the makers of colorless tincture of iodine should be on their guard.—*Chicago Druggists' Price Current.*

◆

GROWTH OF NAILS IN FRACTURES.—Dr. L. J. Nillien, of Effingham, Ill., in a report on surgery before the Æsculapian Society of the Wabash Valley, published in Cincinnati *Lancet and Observer*, reports some interesting facts in regard to the retardation of the growth of nails following the fracture of bones. His attention was first called to this in the case of a boy with a fractured humerus in 1866. The boy's finger nails were stained at the same time with dye. The nails of the sound arm continued growing, while those of the fractured limb were retarded until the fourteenth day. Since this time the doctor has continued his experiments as cases were offered, and consulting authors to find, if possible, anything on the subject; he found that Dr. Guenther, of Denmark, made mention of the nails as a sure means of recognizing the consolidation of fractured bones. The growth of a nail ceases as soon as a solution of continuity exists in the shafts of a bone; and in growing again after a time becomes a certain indication that the consolidation of the bone is taking place. The doctor considers that this sign is of great importance to all surgeons, especially in cases of pseudarthrosis, where direct and repeated examinations are often too prejudicial to the patient; also in cases of necrosis and in fractures of the neck of the femur. It would certainly be worth the while for physicians and surgeons to note this, to confirm, if possible, the doctor's statements, for, as he affirms, if true, it is a sign of great importance.—*Review of Medicine.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, FEBRUARY 1, 1872.

EPIDEMIC OF SMALL-POX.

The very general prevalence of small-pox at the present time not only on this continent; but also in Europe calls for more than a passing notice. We cannot close our eyes to the fact that this most loathsome and destructive disease is alarmingly on the increase. It has made its appearance in several of the cities and towns in this province and is rapidly spreading to more remote parts. It is also likely to become more severe as the warm weather approaches, if not energetically stamped out in the commencement. Several deaths have occurred from the disease in this city, from which it would appear that the type of the present epidemic is of a severe form and all necessary precautions should at once be taken to prevent its spread. One very important step has already been taken by the City Council of Toronto in establishing a temporary small-pox hospital, just outside the city limits, and we would like to see this movement followed up by the councils of the various towns and cities throughout the province.

Next in importance we would press upon the authorities the propriety of rigorously enforcing the act relating to vaccination, for there are many who from ignorance, whim, or prejudice refuse to be vaccinated themselves, or to have their children vaccinated; such persons can only be influenced by the fear of the law. That proper, careful and thorough vaccination is a great preventive of the spread of small-pox is too well known to require argument, as the statistics of all small-pox hospitals undoubtedly testify. The plain duty of the authorities is to insist upon universal vaccination, among young and old no matter whether they have been previously vaccinated or not. Much of the vaccination of the present day is really valueless from the careless manner in which it has been done, very little effort having been made to have the matter renewed from time to time from the cow. The same virus has been transmitted from arm to arm until it has become completely worthless as a protection against the inception of this disease. It is this careless and inconsiderate vaccination which has done more than anything else to bring the operation into disrepute. Too much care cannot be exercised in the selection and preservation of vaccine virus. Where proper attention has been paid to these details and the operation carefully performed, the liability to the accession of small-pox has been reduced to the very small percentage of about one in two thousand. Vaccination should also be performed at least twice during the lifetime of the individual—in infancy and at full maturity. There should be no delay in carrying out in detail the matters here adverted to, as a little prompt and energetic action on the part of all concerned may be the means under a kind Providence of averting a fearful calamity and mitigating a loathsome and dangerous disease.

We would also desire in this connection to press upon the Government the propriety of appointing a general board of Health for the Dominion. We are constrained to do this the more urgently in view of the probable approach of cholera during the coming summer. The present filthy state of many of our cities and towns in Canada would very much favour the spread of this disease, and it is highly necessary that we should be in readiness to do everything in our power to avert so dreadful a calamity. During the year 1866 when this country was threatened by a similar epidemic much good was accomplished by the appointment of a Board of Health. Local health officers were also appointed in the cities and towns throughout the province. Stringent sanitary regulations were put in force, which had the effect not only of preventing the approach of the dreaded disease; but also of improving the *sanitary condition of the whole country.* In truth the authorities absolutely require a little waking up, by the threatened approach of some fearful epidemic in order to bring them to a sense of their duty in this respect.

MEDICAL COUNCIL ELECTIONS.

The election for members of the Medical Council of the College of Physicians and Surgeons of Ontario, will take place on the Second Wednesday in June of the present year. Our readers will bear in mind that only those who are duly registered are entitled to vote for members of Council to represent the territorial divisions.

The following are the names of the territorial divisions and the parties who represent them :—

Western and St. Clair	Dr. Edwards, Strathroy.
Malahide and Tecumseth	Dr. Hyde, Stratford.
Saugeen and Brock	Dr. Clarke, Guelph.
Gore and Thames	Dr. Covernton, Simcoe.
Erie and Niagara	Dr. Pyne, Hagersville.
Burlington and Home	Dr. Hamilton, Dundas.
Midland and York	Dr. Agnew, Toronto.
Kings and Queens	Dr. McGill, Oshawa.
Newcastle and Trent	Dr. Dewar, Port Hope.
Quinté and Cataraque	Dr. Day, Trenton.
Bathurst and Rideau	Dr. Mostyn, Almonte.
St. Lawrence and Eastern	Dr. Brouse, Prescott.

It is not to be supposed that all these gentlemen will be again returned at the approaching election; nor is it desirable that they should be. There is not one of them who would wish to monopolize the honor thus conferred upon them, and therefore some, we have no doubt, will be likely to retire to give way to others, who are equally worthy the honorable position. It is chiefly among the representatives of the territorial divisions that the profession may look for the infusion of new blood into the council. It is therefore important that the names of the candidates should be before the members of the profession at as early a date as possible, so that there may be sufficient opportunity afforded for canvassing the respective merits of the candidates, and their fitness for the honor sought to be conferred upon them.

These elections are unlike political elections; there are no parties, and therefore fitness for the position is the chief element to be taken into consideration. Men of extreme views are not the most suitable as members of a council composed, as this one is of heterogeneous elements; but men of calm deliberation, close reasoners, good business habits, and possessing some experience in educational matters, should be chosen; and for these reasons, we would like to see a majority of the present members again re-elected.

We would like if our friends in the territorial divisions would send us the names of those who are likely to be brought forward as candidates at the coming elections, in order that we may give them publicity in the columns of the *Lancet.*

◆

COMPLIMENTARY.—Dr. David L. Philip, who is an occasional contributor to the *Lancet*, was presented a short time ago with a handsome surgical case, accompanied with an address, by his medical confréres, on the occasion of his removal from Plattsville, Ont, to the town of Brantford. The address was expressive of the high esteem in which he was held by his fellow-practitioners, and regret at his departure from amongst them. The occasion was also rendered more auspicious by his entertainment at a public dinner given by his professional friends in the town hall, to which many of the leading men of the county were invited.

◆

A LUCRATIVE APPOINTMENT.—We are glad to notice the appointment of our esteemed friend Dr. C. N. Trew, of Newcastle, to a lucrative position in New Westminster, British Columbia. He succeeds to an Hospital appointment worth £100 stg. a-year. Jail surgeoncy with an equal sum from the Government, and a private practice worth between six and eight hundred sterling a-year. On the evening of the 20th ult. a farewell supper was given him, and was attended by the leading professional and clerical residents of that town. We wish the Doctor success in his new sphere of labor.

◆

HONORS.—R. C. Fair, Esq., M. D., of Seaforth, a graduate of Victoria University, has lately passed a most successful examination before both the Royal College of Physicians and Royal College of Surgeons, Edinburgh, and was admitted as a Licentiate. He also obtained the Diploma of Licentiate in Midwifery, R.C.P. and S., Edinburgh.

TO ADVERTISERS & OTHERS.

We beg leave to remind advertisers and others that our circulation is unquestionably larger than that of any Medical Journal in the Dominion. The regular monthly issue to subscribers is 1,500, and our list is rapidly increasing, especially in the maritime provinces. Advertisers should make a note of this. Every reading medical man who is at all anxious to keep pace with the current literature of the profession, new remedies, and new improvements in medical and surgical science, and surgical appliances, should become a subscriber to the *Lancet*. We have already on our list all the leading medical practitioners in Ontario, but there are some in the lower provinces that we would very much like to add to our already long and constantly increasing list of subscribers.

PERSONAL.—Dr. Burland, of Hatley, Quebec, has lately received a flattering testimonial in the form of an address from his numerous friends on the announcement of his contemplated removal from that village, owing to ill-health. The address, which was numerously signed, was expressive of the high esteem in which the doctor was held, and urged his continuance amongst them.

The doctor replied in feeling terms, and expressed his sincere thanks for the kindly expressed wishes for the future welfare of himself and family.

NOTES AND QUERIES.

Is the Committee appointed by the Medical Council to draft amendments to the Ontario Medical Act, expected to bring them before the Legislature during the present Sitting ?—MEDICUS.

Does Vaccine Virus, which has been long humanized, not lose some of its properties by transmission? And may it not, in some instances, become the means in this way of communicating hereditary diseases ?— ——, M.D.

[We think it is of the utmost importance to have it occasionally renewed from the Cow. The exercise of great care and circumspection in the selection of matter will prevent, in a great measure, the danger of communication in the manner referred to.]—Ed.

How many patients can the Toronto General Hospital accommodate? and what is its condition as to efficiency?

[The Toronto General Hospital can accommodate from 150 to 200 patients comfortably. It has a good Medical Staff, and a very efficient board of Trustees, all that is needed to place it in a satisfactory condition is *funds*.]—Ed.

Are the authorities of General Hospitals compelled to admit patients afflicted with infectious diseases?

[We think not. The City Council (Toronto) have settled this question in part, however, by the establishment of a small-pox hospital outside the City limits. We understand that a ward is also to be fitted up in the same building for fever patients.]—Ed.

Tænia in a New-born Infant.—Dr. S. G. Armor, in the *N. Y. Med. Journal*, Dec., 1871, mentions a case of this kind as having occurred in an infant 5 days old, in the Long Island Hospital. The child was seized with trismus, and a dose of calomel and castor-oil having been given, it passed segments of tape-worm. Ol. terebinth. and Ol. Filix Mas. were then administered, and the child recovered after having passed numerous joints. Two months after confinement the mother was also treated for Tænia, and passed seventy segments. The question is, how did the Tænia find its way into the intestines of the fœtus *in utero?*

Dr. Headland, the author of "Action of Medicines," has been appointed to the chair in Charing Cross Hospital, made vacant by the death of Dr. Hyde Salter.

Of "Erichsen's Surgery" 5,370 copies were purchased by Government during the war of the rebellion, and distributed to the medical staff. The author did not get a dollar of the money, the American edition having been "pirated."

Tetanus has been cured in France, in a number of cases, by extremely hot air baths, followed by hypodermic injections of morphia.

CORRESPONDENCE.

(To the Editor of the Canada Lancet.)

Dear Sir,—On learning this evening of the sudden death of an acquaintance in Ottawa city, of small-pox, and of the increase of the disease in that place, I thought I would humbly suggest, through your valuable journal, the propriety of adopting, if possible, some means to stay its ravages. It is simply that of ordering the person or persons, suffering from that disease, to anoint their bodies and limbs throughout, with carbolized oil, daily; and also to daily wash their bodies thoroughly with soft water, slightly carbolized; the anointing to be performed after the whole person has been washed, and gently dried with some soft fabric. This process should be commenced before the patient or patients are allowed to leave their sick room, and continued until such time as all the diseased skin has been removed, and a new and healthy one formed. My object in this plan of treatment you will perceive, is to prevent the spread of this much dreaded malady, by keeping the particles of diseased and desquamated skin from being set free from persons who have recently suffered, and contaminating healthy persons, by being inhaled or deposited on their exposed skin, while slight or imperceptible perspiration may be on its surface, and (the floating and free particles) adhering, soften with perspiration, and the poisonous or contagious part absorbed. These floating particles may also get into the water drank, or food eaten, and thus be a mode of contagion. I would like to impress on the minds of my medical brethren, that every effort should be brought to bear on the treatment and prevention of spreading of such a fell destroyer, and disfigurer of the human family. It is for this reason that I humbly offer these suggestions, trusting they may be of some service to the profession, as well as to the public; for as far as I can learn, it was through some persons who recently had the disease, visiting the office of my late acquaintance that he took the disease which so suddenly bereft his mourning family of one so dear. Some members of the profession I have no doubt will not believe in such modes of contagion, but, I assure you, I have some proofs of this theory in practice. A man, travelling up the river Ottawa, a few years ago, "put up" at a hotel, where some short time before, a death had occurred from Small-Pox. He slept in the same bedroom, and, I believe, in the same bed in which the man died. On his return home, the premonitary symptons began to be manifest, and soon a virulent case was before the eyes of my comfrére, Dr. Cranston, under whose care he was placed. During his illness, he was attended by an old French woman, who paid occasional visits to the house of her son, and also her own home, where her daughter, who was *non. comp. ment.*, also resided. The old woman was not attacked, but she was the medium of contagion to her son's children and her daughter, who were seized with the disease, and all passed safely through its different stages, excepting the baby, who died of a complication of congestion of the lungs. It was during my attendance on those people, and noting the case of my friend, Dr. C., that I was first led to believe in this mode of contagion. I would ask you what was the mode of contagion in Small-Pox breaking out in Ottawa? I am led to believe, that it was through the medium (if I may be permitted to use the word in this way) of the Manitoba Commissioners or Representatives, during their visits to the capital. I believe, that another mode is, through the furs and buffaloes brought from Manitoba, where, you are well aware, that the disease has been so rife amongst the half-breeds, from whom those furs and buffaloes have been purchased, either directly or indirectly, and sent abroad throughout this and the old country; where, according to some of the old country journals, the disease is showing itself in some of its worst forms. This may appear hypothetical, but further and deeper investigation will reveal this to be a fact, when many a patient has been laid beneath the sod, and many others have been disfigured. Every effort of a sanitary nature should be put forth to save life, relieve suffering, and prevent disfigurement. I would also recommend those who have not taken the disease, to have their clothes, when taken off at night, sprinkled with carbolized or other disinfectant powder, folded up, and left until morning. Further, medical men or others in attendance, should wear an indian rubber coat and overalls, to be left in a convenient and suitable entrance, that they may change their every day garments for those less liable to retain the infection. That sir, was my plan while attending my cases, and I had the satisfaction of not seeing it spread.

Yours respectfully,

A. ARMSTRONG, M.D.

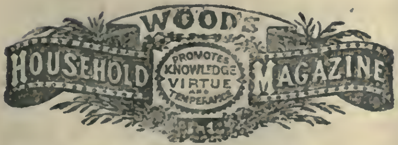
BOOK NOTICES.

THE PRINCIPLES AND PRACTICE OF SURGERY by John Ashhurst, Jr., M. D., illustrated with 523 engravings on wood. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.; pp. 1010; price, $7 50 ; cloth, $6 50.

The general arrangement of this work is similar to Erichsen's, of which Dr. Ashhurst was American Editor. The author has succeeded admirably in condensing into a volume of a thousand pages all the surgical information which the general practitioner requires. The work is fully abreast of the times and contains all the modern improvements in surgical science which have proved satisfactory in the author's hands. While in a great measure compiled from other works the author claims for it something more than a mere compilation. The illustrations are borrowed largely from previously published works, but include some that are entirely new from original drawings and Photographs. Considerable space is directed to the subject of Anæsthesia, the author's favorite anæsthetic being *Ether*. Diseases of the eye and ear, mouth and jaws, are also dwelt upon at considerable length. It is on the whole a very desirable work, and will be found especially useful to medical students and general practitioners.

The American Journal of Obstetrics and Diseases of Women and Children,—published Quarterly at $5 per annum. Sample copies may be had from the publishers for 50 cents, one-third its cost. Wm. Baldwin & Co., 21 Park Row, New York.

BOOKS AND PAMPHLETS RECEIVED.


WOOD'S
HOUSEHOLD
PROMOTES KNOWLEDGE VIRTUE AND TEMPERANCE
MAGAZINE

The tenth volume of Wood's Household Magazine begins January, 1872. Among its regular contributors we find the names of Horace Greeley, Dr. Dio Lewis, Dr. W. W. Hall, Harriet Beecher Stowe, Gail Hamilton, and many others of equal celebrity. Terms, $1 per annum. Liberal premiums are offered to those who get up clubs. We have just received a nice chromo of the Niagara Falls, as a specimen. This chromo will be sent to any one who sends three subscribers, or for one subscription three years in advance. Address, S. S. Wood & Co., Newbury, N.Y.

L'UNION MEDICALE DU CANADA.—A French medical journal published in Montreal. Edited by J. T. Rottot, M.D.; assistant editors A. Dagenais, M.D., and L. J. P. Desrosiers, M.D. The first volume begins 1st January, 1872. Terms, $3 per annum. We wish our French contemporary every success.

The Mutual Relations of the Medical Profession, its press and the community, by Dr. Storer, Jr., of Boston. James Campbell & Son, publishers.

Inaugural Address, including a paper on Infant Asylums, by A. Jacobi, M.D., President of the New York Medical Society. Reprinted from the *New York Medical Journal*, Jan., 1872. New York: D. Appleton & Co.

TO SUBSCRIBERS.

Having adopted the Cash-in-advance system in reference to the subscription of the CANADA LANCET, the immediate payment of all arrears is most respectfully urged upon subscribers. The experience of the past year renders the adoption of this plan absolutely necessary, as the outlay for printing, &c., is very heavy, and must be paid for as soon as the work is done, and in addition to this the postage must in all cases be prepaid.

While anxious and willing to promote the interests of the profession in this country in every possible way, it is not reasonable to expect any great financial sacrifice; nor is it reasonable for subscribers to expect a medical journal of 64 pages postage free, for a whole year or more, without any remuneration. It is to be hoped that subscribers in arrears will give the above their immediate attention.

J. FULTON, M.D., M.R.C.S., &c.,
Editor and Proprietor.

THE
CANADA LANCET,
A MONTHLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

VOL. IV. MARCH, 1872. No. 7.

Original Communications.

PHENOMENA OF LIFE MAINTAINED AND CONTROLLED BY TWO ANTAGONISTIC PRINCIPLES OF INNERVATION.

(*Continued from April Number*, 1871.)

> "For he who studies nature's laws
> From *certain* truths his maxims draws."

BY J. G. FREEL, M.D., MARKHAM, ONT.

The design of a medical journal is not only to disseminate practical information among the members of the profession, but to create at the same time a desire for scientific investigation. To accomplish this double object a generous criticism is an indispensable requisite. To allow all the productions of correspondents to go unchallenged is, in a measure, to tacitly acquiesce in their correctess, and thus, possibly, in some instances, to mislead the inexperienced. In this respect, the report of "Barbarous treatment by a Midwife" deserves a passing notice. The propriety of the course adopted by the medical attendants is rather more than questionable. Turning is always formidable, involving a mortality to mothers of one in fourteen; while chloroform, when the patient was already "*nearly unconscious*," greatly increased the danger without in the least facilitating the indicated operation. The child being dead beyond doubt, *prompt* evisceration and delivery with the crotchet would have afforded to the mother the greatest possible chance for life. Reports without *post mortem* examinations are unsatisfactory, if not absolutely valueless. The true cause of death in this case must ever remain a doubt. Was there injury or partial rupture of the uterus, caused by turning, or was the system too enfeebled to be able to rally fully from the anæsthetic state? Certainly the "getting up," however reprehensible, is scarcely sufficient alone to account for "fatal collapse, or the formation of clots in the heart."

In the April No. of the *Lancet* the author of "Phenomena of Life" solicited a critical examination; but neither the Editor, himself a respectable author and an eminent teacher of physiology, nor any one of his learned correspondents has, as yet, deigned to notice the subject. Surely the question, though emanating from an obscure source, ought to be considered sufficiently important to the advancement of medical science to merit a careful investigation. So deep and universal has been the impression that a beneficent Creator, who has assigned definite laws for the government of the universe, would not have left man, the only portion on which he has stamped the divine image, to the operations of mere chance, that philosophers, in every age have invented theories designed to explain the "*animating principle.*" The hypothetic "*Entity*" of Aristotle, and the "*Materia Vita*" of Hunter, with all intermediate shades of conjectures, aim at explaining vital action by some mysterious agent, which is in a measure, independent of the organism itself. It is evident that an organic system, to be perfect, must contain within itself some principle of action capable of maintaining and regulating its operations, and as every piece of mechanism from the Great Architect bears the impress of perfection, we must consider the *vis vitæ* an inseparable part of the being. What philosophers sought for in vain, physiologists explored the human system to discover, and men of science ardently desired to know, is found, as might have been expected, in the simple arrangement of the two nervous systems, admirably adapted to preside over organic functions. The author claims no greater merit than having possessed discernment enough to discover and gather up materials ready formed by the great masters, and strewn broadcast over the pages of medical literature, which, like the blocks for Solomon's temple, though hewn and polished in distant regions, when brought together, fit completely into a structure of beauty and symmetry.

Thus the experiments of Bernard, which have been fully confirmed by subsequent investigators, prove to an absolute certainty the existence of a law of antagonistic innervation presiding over capillary function. Extirpation of the superior cervical ganglion produces instantaneous congestion of the corresponding side of the face, with consequent augmentation of temperature, while destruction of the fifth nerve induces exsanguination and consequent diminution of temperature. Now, it is plain from these results that the sympathetic centres contract the capillaries, and that the sentient nerves must contain nerve fibres specially endowed with the power of dilating these vessels, and that the systems of centres normally form an equilibrium of action commensurate with the due performance of organic function. It is also proved by experiments more than sufficiently numerous, that the two systems possess very different degrees of susceptibility; while the cerebro-spinal system responds to the least possible impressive influence, the ganglionic only obeys an intensified action; but when once fully impressed, the action is far more forcible and prolonged. Necessarily then, an impulse is first felt by the more susceptible, which are the capillary dilators, and if an exaltant impression the vessels expand; but if a depressant, they contract, the ganglionic contracting force remaining unchanged till the impress becomes sufficiently intense to exalt or depress their dynamic power, when, their action being more persistent and energetic, overcomes that of their antagonists, and produces partial or complete occlusion of the capillaries, or sinks more rapidly from a depressant influence, leaving the antagonistic dilating innervation unbalanced, and consequently these vessels become everywhere expanded. These phenomena are manifested in all nutritive, therapeutic and morbific influences. The contact of food with sentient ramifications in the mucous membrane of the stomach produces an exaltant impression on the nervous centres presiding over the capillaries which furnish the gastric glands with the elements from which the solvent is elaborated, and the whole membrane manifests an increased redness, and the gastric juice begins to flow. All therapeutic influence is either exaltant or depressant. The characteristic phenomena of each are fully described in the first article on the "Phenomena of life," and, therefore, need not be here repeated; but morbific action, being always depressant, and consequently inimical to life, requires further illustration. The first influence of morbific action falling on the sensitive dilators, the capillaries are necessarily contracted by the unbalanced force of the ganglionic centres, and as heat is principally generated in these vessels, a consequent diminution of temperature inevitably results; hence the universal sensation of coldness, less or more severe, which ushers in every disease. A convincing illustration of the operation of the law is furnished in the symptoms of concussion. The patient is pale, cold and shivering, and if the shock be severe enough to induce complete occlusion of the cerebral capillaries, the functions of the sensorium are suspended and consequent insensibility results. The *neurometer* here points with unerring precision to the comparative influence of the two antagonistic nervous centres, the vessels of the iris being contracted, are correspondingly elongated, thereby closing in and diminishing the size of the pupil. But when the depressing force of the shock reaches and sends down ganglionic innervation to a level with its antagonistic force, the brain being again supplied by blood, consciousness returns; but should the depressing influence continue ganglionic exhaustion, the appearance of the phenomena is diametrically changed, the surface becoming red, hot and perspiring, while insensibility gradually returns as the inspiring influence of the cerebral ganglia diminishes, the *neurometer* indicating in the expanded pupil the depressed state of the ganglionic force with the consequent preponderance of the dilating; when ganglionic innervation is completely exhausted, animation necessarily ceases.

The phenomena of fever also assume their appropriate place in the demonstration of this universal law. All morbific agencies capable of impressing the nervous centres with the essential characteristics of Fever act as direct depressants. This is manifestly true from the feeling of depression in the forming stage, and the prostration throughout the disease. It is wholly inconceivable how men of great intellect could ever have entertained an opinion that vital action is preternaturally exalted in any disease, and, therefore, required to be depressed. The influence of exaltants is indispensably necessary to the maintenance of animal existence. In fact, the human system is a miniature distillery, converting the amylaceous principles into carbon, hydrogen and oxygen in the exact proportion required for the production of alcohol, which is to be used up in the generation of heat. Hence, the universal appetite among all races of men for stimulants; while depressant influence, being inimical to life, is intuitively dreaded and, if possible, avoided.

The reception of morbific agents into the system at first reduces dilating nervous force, and, as in shock, induces the inevitable chill, the cold stage lasting till the zymotic principle sends down contracting innervation to a level with the dilating, when the system gradually regains its accustomed warmth; but ganglionic force, descending below that of its antagonist, leaves dilating innervation unbalanced, the capillaries are dilated and the surface everywhere assumes a hyperæmic appearance. Circulation and respiration being increased by the preternatural supply of blood to the organs presiding over these functions, a greater quantity of blood, in a given time must pass through the lungs, and more oxygen absorbed than normally; and as the amount of heat evolved is always in proportion to the quantity of oxygen consumed, an elevation of temperature is an inevitable result. In intermittents, decidedly the mildest type of fever, the hot stage is succeeded by the sweating, in which the miasm is eliminated, when a fresh accession of miasm is necessary for the full development of another paroxysm, and the length of time required to depress dilating innervation sufficiently to induce another chill marks the intensity of morbific action, quotidians being always more severe than tertians or quartans. It is but reasonable to suppose, all things being equal, that an intermission equal to the first will be required for the development of each succeeding paroxysm

The very intimate relation existing between inflammation and fever has induced many eminent observers to consider them identical. The only physiological difference consists in the former arising from depression of certain nervous centres alone, while in the latter the depressive influence is general. When the capillaries are relaxed in any particular part, a determination of blood is, in obedience to a hydrodynamic law, an inevitable result. The vessels having lost their tonicity by greatly diminished, if not suspended ganglionic innervation, become gorged with blood, and the parts present the characteristic phenomena of inflammation, "pain, redness, heat, tension and swelling." The vessels becoming attenuated from excessive expansion, soon allow exudation, with ultimate disorganization. The doctrine that inflammation arises from the "irritation of a stimulus" has led to an error in practice fatal to millions. The very term "irritation" creates an instantaneous sensation of depression. The phenomena produced by the application of an irritant prove incontestably the depressant nature of the impression. When applied to the web of a frog's foot, or the transparent mesentery, and viewed with a microscope, the vessels are seen to contract and the surface become pale; but as soon as the impulse depresses the ganglionic force below its antagonist, the vessels expand and an active state of congestion ensues.

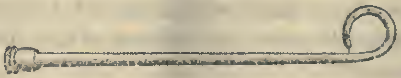
Now it is evident if this be the law, and successful refutation is challenged, that the only therapeutic agent capable of contracting congestion is an exaltant. Nothing herein asserted is required to be taken as proved until it is confirmed by actual application. We have settled the question of treatment to our *own* satisfaction, and only ask others to fairly do the same for themselves. In our own practice, as well as in that of our former associate, the late Dr. Lloyd, every case of pneumonia or pleurisy when seen and treated in its incipient stage, has been subdued within forty-eight hours by the administration of a powerful exaltant; while in that of a neighbouring practitioner, a regular Rip Van Winkle, who has been asleep for the last half century, and now still swears by the lancet as the *sine qua non* of successful treatment, patients bled *ad deliquium*, lie in *articulo mortis* for several weeks, and too often succumb to the concurrent depression of art and nature. A satellite of this great orb of past ages bled a man who had sunken into insensibility in a church, till the patient actually expired under the operation. Some practitioners adhere with such tenacity to old prejudices that they absolutely refuse to investigate any new principle. It is said "comparisons are odious," but they are nevertheless valuable as evidences of success. In a case which was taken as a test, a blacksmith had injured the palm of his hand, and the whole extremity, in a few hours, became very much swollen, reddened, and excruciatingly painful. We ordered pulv. opii, grs. VI to be taken at once; two 4th year students watched the progress. The patient soon became partially narcotized, and remained in a a state of semi-unconsciousness for eight hours. The redness and swelling began to disappear gradually, and when he awoke the arm appeared perfectly exsanguinated; nor did inflammation ever re-appear in the least. This case furnishes convincing proof of the character of inflammation and of the nature of the counteracting agent required. A person insensibly intoxicated is pale as death, cold and shivering. In such a state of complete capillary occlusion, congestion is a physical impossibility. We offer with great diffidence to the profession, these proofs of the existence of a general law which animates and controls vital action, trusting confidentially to the impartial judgment of liberal and intelligent judges. The green-eyed prejudices of the days of Harvey and Jenner are happily past forever; we may, therefore, be assured of a critical, but candid and fair review. This article is intended only as an extension of the first, and any review should be of both. Is any one prepared to defend the muscular hypothesis of the iris, and philosophically explain thereby the *modus operandi* of the irian phenomena? Has any one tested the truth of our experiments on the expansion of arteries? Is there no champion ready to couch his lance in defence of the doctrine "*similia similibus curantur?*"

THE SELF-RETAINING FLEXIBLE CATHETER.

BY KELLY ADDISON, M.D., FARMERSVILLE.

Having lately seen in your valuable journal reference to the subject of retaining the catheter in the bladder, I most respectfully submit to your readers, with your permission, the method which I have adopted for a number of years past to effect that purpose, and with the most satisfactory results.

I take a common flexible catheter, and with a pen-knife, or a heated wire, make several small perforations in it within the space of about three inches of the point which is to remain in the bladder. I then arm a common sewing needle with a piece of saddler's silk thread, and making a small knot on the end, I pass the needle through the eye of the catheter and out at its point, drawing the thread out to the knot. I next insert the needle into the upper or pubic surface of the catheter, (if I may so say) about 3½ inches from its point. and with the assistance of a piece of wire, draw the needle and thread through the inside of the remaining portion of the catheter to the ivory ring. Three and a half inches of the thread are thus outside of the catheter, and the end of the remainder hangs out at the ivory ring. I now insert the wire stilet which belongs to the catheter into it, and having given the instrument the ordinary bend, and warmed the portion which is to enter the bladder in water at blood heat, I pass it into the bladder. Withdrawing the stilet 3½ inches, I seize the end of my thread and pull gently upon it, thus causing the portion of the catheter within the bladder *to assume* the form of a *circle* having the diameter of one inch. The thread being fastened to the ivory ring, the stilet is now completely withdrawn, and the catheter is prevented from falling out by that part which is in the bladdder being bent into a circle. I usually find no difficulty in removing the instrument; by twisting the thread around the stilet, the knot will be disengaged and the instrument may be removed in the ordinary way.



THE FLEXIBLE CATHETER AS IT APPEARS IN THE BLADDER.

The circular bend of the flexible catheter, as above, may also be attained by inserting three inches of the most curved portions of two old watch springs (which may be obtained gratuitously from the nearest watch-maker), through the eye of the catheter. By putting the instrument in water at blood heat, and withdrawing the stilet, the catheter, *self-acting*, will form the required circle. By re-inserting the stilet, the bend in the catheter will be sufficiently removed to admit of the withdrawal of the instrument.

A surgeon is called upon to go a dozen miles to visit a patient who has been suffering extreme pain for many hours from retention of urine; peradventure he has been tampered with; in vain efforts to relieve him he has already lost ounces of blood; he has a false passage; the surgeon cannot visit him again for a number of days, and there is no one into whose hands he may be intrusted; is it not something to have a method at command upon which the surgeon can depend to continue relief to him for a number of days in succession, or even a week, with entire confidence that there will be no slipping of the instrument, no matter what position the patient may assume, or in what measure he may exert himself?

Again, we see in the hospital some poor fellow lying on his back, with a card at his head announcing a wound of the perinæum. He has been there for weeks, perhaps months. When the visiting surgeon comes along, we discover an upright metallic catheter bound to his body with numerous appliances. For him to turn to one side or the other will be accompanied with pain; to sit up in bed or walk a step will be at the risk of the slipping of the instrument out of the bladder, and the contracted bladder rests upon the *point* of the instrument. Will not the self-retaining flexible catheter, which will not necessitate absolute rest, but allow of bodily motion without inconvenience or risk, be a comfort in such a case?

GANGRENE OF THE LUNG.

BY W. S. CHRISTOE, M.D., FLESHERTON, ONT.

As affections of this kind are very rare, I am induced to publish an account of the following interesting case:—

Mrs. C., æt. 30, Multipara, was attacked with premature labor on the 14th of December last. Post partum Hemorrhage was the cause of my being called. When I arrived I found my patient blanched from loss of blood. The ordinary means of cold to the vulva and a good dose of ergot soon arrested the hemorrhage, and left her tolerably comfortable under the circumstances. On the 16th, however, I found her in great fever; setting in after a lengthy shivering fit. My diagnosis was *Weid*, and I treated her accordingly. During the sweating stage she indiscreetly exposed herself, and the result was a fearful attack of pleuro-pneumonia of the left lung. Pleurisy was easily discovered, but the pneumonia was very insidious and obscure at first; the signs, however, soon became apparent,—the characteristic sputa and chest symptoms placed the diagnosis beyond doubt. My patient being already debilitated, antiphlogistics were out of the question. The stimulating method of treatment was the one I adopted. Ammonia in excess was administered freely, under which the acute stage soon gave way, and nothing remained apparently but exhaustion and hepatization. Every thing promised success; but I was again doomed to disappointment, for bronchitis in the right lung became quite prominent. Ronchus and sibilant rales were present, rendering respiration difficult in the extreme. I pushed the same class of remedies with a firm hand, until once more I began to anticipate a favorable issue; pulse was reduced to 84, and she was enabled to change her position in bed, which for weeks had been principally on the left side.

From this point gangrene of the left lung began to manifest itself. The expectoration increased, with occasional vomiting and diarrhœa; the fetor was horribly offensive, and the patient almost in a state of collapse. My prognosis was certain death, and that, too, very shortly. Remembering the advice of former days—"never give up"—I ordered stimulants, wine and brandy, and gave her the hypophosphites of soda and lime, alternating with the following mixture:—

℞—Quinia Sulph.,	grs., xxx.
Acid Nitro Hydrochlor,	ʒ v.
Tinct. Aurantii,	℥ ij.
Aqua ad.,	℥ iv. Ft. Mist.

Sig.—One teaspoonful in water every six hours.

On the 21st of January her case became alarming; I asked for a consultation, and on the following day my esteemed friend, Dr. Gunn, from Durham, came down. Our diagnosis and prognosis were identical. A distinct cavity was located low down, posteriorly in the inferior lobe of the left lung, the superior lobe still hepatized. The treatment from this point was much the same: the quinine was increased to two-grain doses; stimulants were likewise increased,—eight ounces of brandy was ordered in the twenty-four hours, with egg,—wine with ordinary drink *ad libitum.* The quinine, however, disturbed the stomach, and it was reduced to the former dose. During the Dr.'s visit, one of her worst fits of coughing occurred, with excessive expectoration; the fetor was so obnoxious, we could scarcely remain in the room. I continued my visits to her, and pushed the remedies; but, I confess, with feeble hopes. On the 3rd inst. I was called in great haste to see her, some other complication was said to have set in, and she was in severe pain. I should not have been disappointed to have found her dead; she, however, only had some bearing-down pains,—nature, probably, trying to restore the catamenia. I made a pretty general examination, and for the first time pronounced her convalescent; pulse lower and fuller, hepatization much diminished, sputa changed, and fetor gone. This announcement served her as a wonderful invigorating tonic, for on February 9th she took a short drive,—contrary, however, to sound judgment. The latter treatment was a simple cough mixture, with the syrup of the hypophosphites, and a tonic composed chiefly of the lactate of iron, under which she is rapidly improving.

Remarks.—First. This case shows evidently that circumscribed gangrene is not necessarily fatal—notwithstanding the dark picture usually drawn by the books. It is our duty to persevere and hope against hope.

Second. The symptoms might have been given, *in extenso*, but it would only be a repetition of what has been written over and over again. In this case the sputa seemed to be the most characteristic. Dr. Aitkin says the fetor resembles that of newly made lime; and, so far as my recollection goes, he is correct,—when the sputa is moderate and is spat in masses; but when those cavities are emptied by vomiting, and the sero-purulent greenish-like fluid—mixed with small pellets of gangrenous lung—to the extent of eight or ten ounces, the odor of newly-made lime is pleasant in comparison. The odor is, in reality, *sui generis.*

Third. I am convinced her persistent decubitus on the left side very materially favored this state of the lung—the circulation already enfeebled—gravitation would only hasten complete engorgement and congestion, as sometimes occurs in low fevers, and consequent death of the part; the primary materies morbi, of course, being the cause.

Fourth. This case furthermore demonstrates—that is if our diagnosis be correct—that cavities in the lung will heal, corroborating statements, by the late Dr. Rolph and others,—proved by cicatrices having been found in the lungs of subjects in *post mortem* examinations.

Fifth. Another point might be mentioned,—the length of time elapsing between the hepatization and the evidence of gangrene, I presume, about two weeks. It is quite reasonable to suppose that it existed some time before evidencing itself, and that as soon as softening took place, and expectoration commenced, the secret became known.

The complete success of this very interesting, yet complicated case, has taught me never to despair, but to diligently push remedies to the last. But for this she had died, and further testimony would have been added to the fatality of gangrened lung.

CASE OF CATALEPSY.

BY S. S. CORNELL, TOLEDO, ONT.

I desire a small space in your valuable journal for the purpose of recording a case which may prove interesting to some of the young practitioners who are now engaging upon their professional duties, and who have not had the opportunities of witnessing all the mysterious phenomena pertaining to the nervous system so common to be met with in the sick room.

This case, however, is a little out of the common order—one of its kind—that may be ranked as somewhat extreme,—unusual to say the least.

On the 20th of January last I was called to wait upon Mrs. H., adjacent to Frankville, Leeds Co., æt. 30, in her second confinement. The process of labor was of an ordinary character, the patient greatly dreading each successive pain, which was, as she described it, "intolerable to be borne." I found, upon digital examination, the cervx uteri much swollen and tender,—the os uteri extremely sensitive and rigid. Prior to confinement she gave evidence of vague uneasiness for about eight weeks, passing very sleepless nights; restless; troubled dreams; thoughts of impending dissolution; "a yielding up of all earthly ties;" "a desire to depart and rest with the saints," to use her own language. She, for the most part of the time, felt "as though she neither had any friends nor foes."

I was consulted about three weeks before her accouchement, found her unable to exert herself, as being on her feet tended to aggravate her distress and increase her nervousness. I ordered her to take some pills, composed of asafœtida and iron at night, and valerianated elixir of ammonia through the day; to use light diet and keep off her feet as much as possible. Under this treatment her sleep was of longer duration, and not as much disturbed with frightful dreams or imaginary evils. So passed away the time until her accouchement.

The first 48 hours after labor was passed quite well, but at this time she experienced a severe chill which lasted over an hour, followed by a sharp febrile movement; pain and tenderness felt upon pressure over the uterus, accompanied with slight tympanitis. The chest sounds were clear, except over the lower lobe of the left lung, which gave evidence of hepatization. The lochia was suppressed; the urine scanty and high colored. There was some delirium; the pulse 148, tongue having a light creamy coating. Mustard sinapisms were ordered over the uterine region, lower lobe of left lung, and to the feet; a brisk cathartic was given, composed of the compound aromatic cassia powder, followed in two hours with an enema containing ol. terebinthinæ. After the aperient action of the medicine was over, she was placed under the following treatment:—pulv. ipecac. et opii comp. in suitable medicinal doses, alternated with tr. veratrum viride. Saw the patient next day,—pulse 130; febrile movement abating; patient perspiring freely; not so much tenderness over the uterus as on the former day; breathing not so rapid or laborious; some cough, attended with expectoration of rusty sputa; lochia still suppressed; no secretion of milk; thirst great, and appetite wanting; occasionally some delirium. Ordered continuation of medicine and use of enemata, containing ol. terebinthinæ; sinapisms to be renewed, followed by warm poultices of pulv. ulmus fulva; gave beef tea, and occasionally a glass of port wine, lemonade, &c.

On the 25th saw patient again,—more tranquil; no delirium; not much thirst; skin a little above normal temperature; pulse 98; local tenderness subsiding; lochia slightly appearing; no secretion of milk; cough light, and expectoration mucus. Patient has had but little sleep; ordered an enema of milk of asafœtida and ol. terebinthinæ; discontinued the veratrum viride, but continued the Dover's powder with Asclepin, wine, beef tea, lemonade, &c.

26th. Found patient much better; pulse 84; rested quite well; felt an appetite; no cough to speak of; lochia profuse; some pain in each mamma; no milk; some tenderness over the uterus; withheld all former medicine; used an enema as before; ordered vaginal injections of warm mucilage, containing a small quantity of carbolic acid; gave beef tea and port wine once in eight hours; as a tonic, the following,—elixir valerianate of ammonia, and syrup. ferriphos. strych. et quinæ. àâ ℥ ij., *Pro dosis*,—a teaspoonful once in four hours.

27th. Pulse 78; patient tranquil; a little milk in each breast; no abnormal thirst; soreness everywhere abating; has a desire for food; was allowed coffee, beaf-steak, and toast; tonic continued, and also the wine; continued the vaginal wash; lochia yet profuse.

28th. Patient much improved; pulse 78; rested well; feels a desire for food; copious secretion of milk; lochia still profuse; feels weak, but in good spirits; ordered continuation of treatment, and took my leave of patient.

Now comes the sequel. The patient passed the next 48 hours most beautifully, except on the night of the 30th she could not sleep; otherwise the nurse thought she was doing extremely well. A peculiar change was soon discovered taking place with the patient; her acuteness of hearing was extremely great; could hear and reiterate the sentiments of persons in the adjoining room, who conversed, as they declared to me, in a low whisper, and that they conceived it impossible for a person to hear a word whispered six feet from them; yet this patient, at a distance of twenty feet or more, with closed door, could tell the sentiments exchanged. This was done several times, and finally the patient called her husband to her, kissed him; then called her little boy three years old and her infant, kissed them, and then bid her friends adieu. This procedure of my patient awoke a deep interest in the minds of the nurse and friends, who now became alarmed. The nurse persuaded the friends to leave the room to her and the patient, as she thought after a little Mrs.

H. would fall into a repose; but instead of sleep our patient lay speechless and motionless, with eyes staring wide open, no signs of respiration; they opened her mouth to see if she would swallow, but in vain, her lower jaw remaining depressed as the nurse had left it. Attempts were now made to arouse her by calling loudly in her ear, but to which she paid no attention. They thought her dead, and that it was useless to send for medical aid; thus passed away twelve hours, when her husband dispatched a messenger for me. When I arrived and entered the room I was shocked to see what struck my fancy to be a waxen figure or a frozen corpse in lieu of my former patient. There she lay with under jaw depressed, eyes staring and wide open, without winking, the pupils a little dilated; skin cool, almost the feel of a corpse before stiffening; pulse 122, feeble, no sign of respiration. In examining the pulse I raised the arm to see if that would cause any difference in the pulse. There it remained for nearly an hour, when I put it down by her side. There was but slight resistance offered to any change of her limbs or person; but whatever attitude a limb was placed in, there it remained. I now brought her under jaw up to its place, and it remained. I was importuned to do something for the patient. What to do was, with me, a paramount question. The thought occurred to me that I might administer an enema of strong solution of asafœtida, which I did to the amount of a quart; and this was very easily done, as there was not the slightest resistance. Still the patient lay as lifeless as ever for about an hour, when a few slight convulsive movements were observed, and she aroused to consciousness. She looked about her, asked what had been done with her corpse, as it appeared to her that her friends desired her to remain for a season, but her judgment dictated to her to again depart and take her infant with her. I gave her several doses of asafœtida, fluid extract of valerian, beef tea, &c. She now desired to be left alone, as she said she had an important duty to perform, and the presence of persons, however nearly related, was detrimental to her welfare. She was satisfied for me to remain with her alone, as she said, "from the days of antiquity, deference had always been paid first to the priest and then to the doctor."

She remained quiet for, in all, a period of six hours, taking beef tea, valerianate of ammonia, asafœtida, and bromide of potassium. Soon she drew the sheet over her face, and then placed her arms over her chest, and lay straight in bed; she lay so quiet and still that I felt induced to remove the sheet, when, as I had feared, I found her in a second trance. (?) Eyes wide open, pupils a little dilated, but would contract under the influence of strong light; skin cold—of a deathlike feel, no rigidity of the muscles; pulse 112, and very feeble; not the first sign of respiration, no movement of the nostrils. I now lifted her body up to an obtuse angle with her lower limbs, I next raised one arm and then the other, and in this position I left her for several minutes. I now stepped back, gazed upon my patient, who, in a semi-sitting posture, with staring eyes, with out-stretched arms, and lifeless appearance, appeared as though a corpse had thus been placed, and left to stiffen. I then laid her down upon the pillow, raised her body up, having her head on the pillow in the attitude of *opisthotonos*, and thus she remained; after a period of twenty minutes, I gave her a slight push, and she fell on her left side with her body still having the same curve. I now straightened her out in bed, spoke loudly to her several times, but no response. I again repeated the asafœtida injection, containing ol. terebinthinæ. To please her friends, I tried several times to have her swallow, but all to no purpose. I held to her nose strong aqua ammonia, which affected her in no perceptible way. In this state she lay about eight hours; when consciousness returned, she related what she saw while in the other world. This time she was not so composed and tranquil as when she came out of the first trance. (?) Her symptoms now assumed more the character of Hysteria, her limbs were affected with convulsive twitchings, and she screamed loudly without giving utterance to any cause for so doing.

When she went into the second state of mental abeyance, my views were, as soon as consciousness returned, that she should be brought under some powerful anæsthetic, whereby her mental state might recuperate. Whether this should be produced by chloroform, ether, or hydrate of chloral was not fully settled in my mind. I therefore sent for Dr. Addison, of Farmersville, who arrived just after her imperfect return to consciousness.

It was decided at once to give her hydrate of chloral, of which she took seventy grains in the space of an hour, after which, she fell into a profound sleep, and did not awaken for twelve hours. On arousing she was tranquil and composed, but felt extremely weak. She desired to be left alone as much as possible, as the presence of any one but her nurse gave her emotions of uneasiness. She is slowly convalescing, but her affection assumes the ordinary character of Melancholia. She is of sanguine, nervous temperament, nervous predominant, medium height, fair complexion, and of a somewhat spare form.

Now, Mr. Editor, was this a genuine case of Catalepsy? I appeal to you, Sir, who as an author and lecturer upon Physiology, may be able to throw some light upon the subject of Catalepsis. I have read the writings of Hoffman, Gooch, Antigenes, Cœlius, Aurelianus, Cullen, and others, but the true pathology of Catalepsis yet remains to me a hidden mystery.

Selected Articles.

DISLOCATION OF THE HIP.

CLINIC BY PROFESSOR WOOD, F. R. S., KING'S COLLEGE HOSPITAL, LONDON, ENG.

This was a case of dislocation, upwards on to the dorsum ilii, presenting all the characteristic symptoms, viz., absence of the hollow beneath the trochanter, the head distinctly felt in its new position, shortening of the limb and inversion, the toes resting on those of the opposite foot, etc. The accident occurred thus, a carpet was thrown out of a window, and the man as he was passing by endeavoured to catch it, so as to prevent its falling on his head, and in doing so he slipped down on his side.

The man objected to take chloroform. Mr. Wood first tried "manipulation," as the case had happened only two hours previously. Failing in this, traction was resorted to, the pulleys were then adjusted and after a good deal of patience and manœuvering, the dislocation was reduced. No "snap" however, was heard, and there appeared to be a little shortening; this, however was apparent, not real, and owing probably to spasmodic contraction of the muscles, as by measurement it was found that the distance from the anterior superior iliac spine to the great trochanter was equi-distant on both sides, and the distance from the same spine to the outer head of the tibia equi-distant also. The knee and the ankles were tied together and the patient was carried to bed.

Professor Wood observed, that although manipulation had failed in this instance, it might be attributed—1st. To the great muscular development of the man, and 2nd. to his declining to take choloroform ; still if they had noticed the several successive manœuvres he had employed, they (the pupils) would have noticed that they were precisely similar to the operation he had subsequently performed, *minus* the addition of the pulleys. That is to say, by first employing adduction, then flexion, abduction and rotation outwards, he had endeavoured to untwist or trick the ilio-femoral ligament and to hit off the opening in the capsular ligament as you do the opening between the subscapularis and long head of the triceps in the humerus. This second part of the manœuvre is by no means easy, and like "chuck-farthing," you may have to repeat the experiment, that is to employ all the manœuvres aforesaid, before succeeding in returning the head of the bone. What really takes place when you do succeed, is that the pyriformis and gluteus minimus become relaxed, and the head passes between these, and then through the opening in the capsular ligament. In fact a surgeon will best show his ability, who when one plan fails, tries another and so on, until the opening in the capsular ligament is discovered.

Again you must take care before you commence using the pulleys to see that the axis of the displaced limb is in the line of extension.

Sir Astley Cooper says, that if you *stand the patient up*, the shortening is very apparent. Professor Wood has noticed that, from the difficulty experienced by patients with this dislocation, to move the unaffected limb, he has never been able to stand his patient up, nor does he see any possible advantage by doing so. Finally, he noticed that many of the illustrations of hip dislocation in books, represented the patient as lying on a bed while reduction was taking place, such drawings are apt to mislead ; the proper place is on the floor and the patient lying on a mattrass.—*Med. Press and Circular.*

◆

Rupture of Membranes six weeks before delivery. — On October 2nd, 1871, I was sent for to attend Mrs. S. in her confinement. On my arrival I found the membranes ruptured, the os uteri of the size of a shilling, and the head penetrating. The pains occurred at intervals of about ten minutes, and were accompanied each time by a free discharge of liquor amnii. Mrs. S. was the mother of ten children, and all her previous confinements had been perfectly natural. She was of opinion that she had gone her full time, and believed that labour had commenced. No progress being made during the hour or so I stopped, I told them to send for me when the pains became more severe. As I received no message during the day, I called in the evening, and found my patient free from pain and all signs of labour; the abdomen was notably smaller, and she expressed herself as easier than she had been for a month. Matters continued much in the same state for the next six weeks; she gradually increased in size; and when the abdomen attained a certain dimension, periodic pains ensued, accompanied by a copious discharge of liquid, which always gave great relief. Besides those occasional floodings of water, there was a constant drain going on, so that she found it impossible to keep herself dry. At length, on Nov. 15, 1871, labour pains really commenced, and in less than an hour she was delivered of a fine male child, just six weeks after the rupture of the membranes.—S. M. Bradley, F. R. C. S.—*British Med. Journal.*

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY OILLIAN NEWMAN, M.D. LOND., F.R.C.S. ENG.,

You will all, doubtless, have seen the scattered notices in the medical journals of the "Antiseptic Treatment of wounds"; and many of you will have read with much interest the admirable Address in Surgery given by Mr. Lister at the annual meeting of our Association in August last. To this novel mode of dealing with wounds I would invite your close attention, convinced as I am that the results, so to be obtained, far outweigh any of the usual sequences of the more ordinary surgical dressings—whether they be looked at from the ready and successful response to the surgeon's art, or from the safety and comfort so ensured by the anxious patient.

My short summer holiday this year was spent in Edinburg; and to the kind courtesy of Mr. Lister I owe the opportunities of close observation of his treatment in many and severe cases in his hospital practice. On the lessons there learned I have based my subsequent surgical work, and on them, too, as a foundation, I venture to speak to-day, bringing forward some few cases which have been under my own care, and describing, as clearly as I may, the modes of dressing which are employed. Throughout I am but the humble exponent of the views of a most able surgeon, and my only merit is that of having seen what I attempt to paint.

> "Segnius irritant animos demissa per aures,
> Quam quæ sunt oculis subjecta fidelibus

Whether the so-called germ-theory of disease be or be not correct, is no part of my purpose to inquire; the process would be simply wearisome and ill-managed. The only postulate I ask you constantly to bear in mind is that, for the successful dealing with wounds on antiseptic principles, it is imperative thoroughly to *Exclude the exernal Atmosphere as such;* and a most rigid obedience to this requirement can alone command the desired success, whether the air be *per se* a toxic agent, or whether it be dust-carrying, and so but a vehicle of those impurities which determine the occurrence of suppuration in an open wound. It is imperative, in other words, that the air in contact with the exposed portions of a wound shall be fully charged with some convenient disinfectant: so charged, it may be admitted to the wound or cavity without risk to the patient or anxiety to the surgeon.

Taken, then, the simple case of an ordinary abscess, in which immediate incision is needed, the antiseptic treatment must be carried out as follows. 1. Destroy any putrefactive material about the integument of the part by washing it thoroughly with a lotion of carbolic acid (one part of the acid in twenty of water), 2. A constant cloud of fine spray must be kept up by an assistant, so managed that the hands of the operator and the part to be incised are always enveloped in the spray: one or more of Richardson's spray-producers may be needed for this purpose. The carbolic acid solution for the spray will be sufficiently strong if made of one part of the acid to a hundred of water. 3. The knife employed must first be dipped in carbolized olive oil (one part of the acid to ten of olive oil). 4. The incision being made, the abscess-cavity may, as far as possible, be emptied by gentle pressure. If any vessels should have been divided and need a ligature, it should be tied with some prepared carbolized catgut, and both ends of the ligature cut off short. 5. The wound may thus be dressed: a piece of "protective" oiled silk, coated with copal varnish, and then covered with a layer of dextrine, so as to retain a little of carbolic acid lotion (one part to forty of water) on its surface—cut not much larger than wound—should be dipped in the lotion just named and then applied; on this a pad of the antiseptic gauze must be placed, large enough to overlap thoroughly the wound, and not less than eight layers in thickness. Between the seventh and eighth layers, or those most distant from the patient's surface, must be placed a single layer of macintosh cloth, so as to prevent direct soaking of any discharge through the gauze-covering, and to insure that any moisture which may be poured out shall pass through many antiseptic layers and over some wide space before it can possibly be exposed to the impure influences of a septic atmosphere. 6. For the retention of this covering in place, a strip of the above-named muslin (cut to the width of, and rolled up as, an ordinary bandage) may be applied. The slightly adhesive character given to the muslin will make the requisite turns fit very easily, and be less liable to displacement, than the common calico roller. 7. If it be necessary to wait for some little matter—to replenish the bottle of the spray-producer with the lotion, to change the assistant, etc.—the wound should be covered with a piece of rag, dipped in a lotion, containing one part of acid in forty of water. This for convenience, is known as "a guard." 8. Subsequent dressings—first every day, then at longer intervals—must always be managed in the same way. The spray will need to be unremittingly kept up; the fingers to be soaked in the lotion or wetted with the spray; all adhering discharge carefully washed away; and the protective outside pad and bandage applied as before. 9. To small operations, removal of tumours, etc., the above process is thoroughly applicable. If the wound made be deep or tortuous, a tent of lint—a narrow strip—dipped in carbolized olive oil)one part of the acid to ten of oil) must be introduced before the sutures are inserted. At the end of twelve or twenty-four hours this tent may be removed; it will have absorbed the serum oozing from the deeper part of the wound, and so have prevented distension of the deeper parts, and possible formation of pus. 10. In larger operations—*e g.*, amputations—a larger volume of spray must be secured from two or more of the usual spray-producers, or from the apparatus employed by Mr. Lister. [A new spray-producer, which seems likely to be very effective, has just been sent to me by Mr. Gardner, surgical instrument maker, South Bridge, Edinburgh.] Sponges should, before using, be dipped in carbolic acid lotion (one to a hundred) : when soiled they must be washed, first in clean water, then in a lotion of one to forty; and then, just before using, in a lotion of one to a hundred. 11. The following cautions may not be out of place. *a.* The lotions for spray-producers need very careful filtration before being used. It is exceedingly easy to choke the fine apertures through which the spray is delivered. *p.* Hold the muslin-padding closely down over the wound until the layers of bandages shall have retained it closely in place; and leave no channel by which septifacient air may reach the wound, unprotected by several layers of gauze-bandage. If dressings be loose or displaced, air will soon reach the surface of the wound, and in twelve hours suppuration will be established. *c.* Redress so soon as any trace of stain shall have shown itself at the outer edge of the gauze covering. *d.* Sinuses and wounds opening into mucous canals are ill-fitted for thorough antiseptic treatment.

The advantages may be briefly summed up :—1. The dressing is clean, almost inodorus, and singularly painless. 2. The formation of pus as a consequence of the injury, surgical or accidental, is, with due care, prevented. 3. Erysipelas and pyæmia, if not absolutely extinguished, are very rarely seen. 4. The wounds are free from local irritation, no swelling of incised integument and no local redness are to be noticed. 5. There is no constitutional disturbance (traumatic fever) after even severe operations. The dressings are infrequent, and in themselves free from irritating material. 6. The wounds heal rapidly.

Cases—1. *Abscess in Leg*—T. W., aged 10, was admitted July 18th. 1871, with a large abscess in the calf of the right leg. An incision was made under the spray, and antiseptic dressing was employed. No pus was discharged after the first day. The blood-clot filled up the incision, but soon became organized. On July 25th, he was discharged cured, having been a week under treatment.

11. *Abscess in Breast.*—E. T., aged 17 was admitted September 12th, with an acute and large abscess in the right breast.

An incision was made September 13th under spray; the dressing was as above. No pus was discharged after the first three days. On September 12th, she was discharged cured, having been a week under treatment.

III. *Large Chronic Abscess.*—J. W., aged 18 was admitted September 12th, 1871. She was the subject of old hip-joint disease on the left side. The limb was shortened an inch or more, and the femur was dislocated upwards and backwards on the dorsum ilii. There was a large fluctuating swelling on the left thigh, fully six inches long by four broad, reaching upwards nearly to the trochanter, downwards below the middle of the thigh. It was first noticed six months previously. On September 13th, chloroform was given, and I made a free incision into the swelling on antiseptic principles, letting out thirty ounces of fairly healthy pus, with shreds of areolar tissue. No constitutional disturbance followed. The girl became free from pain, and could at once eat and sleep. Subsequent dressings were applied about every two or three days. Now from an ounce to two ounces of pus are discharged at each dressing. The shreds of tissue are no longer to be noticed. Within the last week some small fragments of carious bone have come away, so the abscess is most probably connected with the old bone disease.

IV. *Large abscess in Lumbar Region over right Kidney.*—W. J., aged 38, was admitted October 5th.: He was much emaciated, and could not stand upright. He had a swelling in the right lumbar region nearly of the size of a small fœtal head. Pulse 120; temperature 103 deg. He had hectic fever, much sweating, and loss of appetite. On October 6th, under chloroform, I incised the swelling, evacuating nearly thirty ounces of pus. The dressing was applied as above described. Pulse 96; temperature 98.4. The hectic never returned, and the man is much better. The back is dressed every two or three days, and about an ounce of pus is discharged. I have had occasion (October 15th) to open also for him a large abscess in the perinæum, due, it would seem, to the urethra giving way behind a tight stricture; but this wound, through some urine filters, could not be subjected to antiseptic dressing.

V. *Cnmpound Fracture of Left Tibia*—M., aged 12, sustained a severe compound fracture of the left tibia in the upper third on September 16th, 1871. On September 18th I saw him in consultation. Two inches of the tibia were denuded, and there was a deep wound into the calf separating the muscles from the posterior surface of the bone. The wound was filled with blood-clot, which was just beginning to become offensive. I injected some carbolic lotion (one in twenty) beneath and into the substance of the clot. The limb having been securely fastened on a side-splint, the usual antiseptic dressing was applied. A fortnight later, I heard that the boy was doing very well. There was no pus-formation to be seen; no putrefaction; the blood-clot was becoming organized.

VIII. *Fracture of Right Leg at the junction of Middle and Lower Third: Severe Transverse Wound two inches above the Ankle down and into the Tibia.*—W. M., aged 54, was admitted September 8th, 1871. He was thrown this morning at 8 o'clock, when at work with a reaping-machine. The right leg was seriously injured. When he was seen at 2 P.M., there was found to be a simple fracture of the tibia at the junction of the middle and lower thirds. There was a wound about two inches above the ankle-joint, gaping wildly; all the tendons, etc., were divided down to the bone, and the knife of the reaper had made a groove into the tibia itself. He had lost a good deal of blood. The limb was much swollen. The two points of injury, doubtless, communicated. There was hardly an inch and a half of clear skin space between them, and pressure above the fracture made blood well from the wound below. The leg was put up in a swing splint; the skin was washed, and the wound mopped out with carbolic lotion (one to twenty), and a tent of carbolized oiled lint was introduced to the deepest part of the wound. The tent was removed in twenty-four hours. There was large oozing of blood-stained serum on the dressings throughout the first eight or ten days. The man had had no constitutional disturbance. He had eaten meat since the day after admission. He needed no sedative, and had very little pain. On October 4th, from some want of care in the dressing, and the consequent admission of air, a few drops of pus were noticed for the first time,and small suppuration (never more than half a drachm in two days) afterwards continued. On October 23rd, the wound was all but well; the fracture was sound. He was ordered to have a starched bandage applied.

IX. *Incision into Knee-Joint.*—G. B., aged 23, was admitted August 11th, 1871. He had disease of the right knee-joint of fifteen months standing. Since an accidental slip the symptoms had been much aggravated. The joint was much swollen, and he could not bear the slightest movement; there was also much pain on pressure. The limb had been confined at home by a long splint, and a weight, working over a pulley, attached to the foot; but these measures had given very small relief. Destruction of cartilage was, no doubt, going on. On August 11th chloroform being given, I made a free incision on the inner side and parallel to the right patella, letting out at once about a tablespoonful of sero-purulent fluid. Antiseptic dressing was applied. The interrupted splint and pulley was reapplied. The relief was immediate; the man was at once able to eat and sleep. No constitutional disturbance followed. The joint soon became smaller. The bloot-clot, which ultimately became organized, filled up the incision, and through the interior of this clot for ten days or more pus slowly oozed. On September 12th, the wound, which had not been dressed for the past eight days, was now quite well. On October 5th, a starched bandage and paste-board support was ordered to be applied to the limb. The patient was allowed to move about on crutches. On the 20th, he could bear some little weight on the limb, and was in very fair in health.

XI. *Incision into Knee-Joint.* R. F., aged 17, was admitted September 18th, 1871. She had had for a long time weakness in the left knee. Pain and swelling about the joint came on six weeks before admission, since which time she had kept her bed. On admission, the left knee was much swollen; fluctuation was perceptible; she shrieked on the slightest movement. She had lost flesh; had no appetite; and could only sleep with large doses of opium. On September 23rd, Mr. Endowes made an incision on the inner side of the patella, letting out sero-purulent fluid mixed with blood. The patient was under chloroform. Considerable relief followed. In two or three days the appetite was much improved. There was no constitutional disturbance; no redness around the wound; no pus from the wound. On October 3rd, the joint was much diminished in size.

XII. *Ovariotomy.*—S A., aged 32, the subject of marked ovarian disease, was tapped in July 1871, when thirteen pints of fluid were removed—a solid mass remaining in the left iliac fossa. On September 21st, ovariotomy was performed. Carbolic acid spray was employed, and antiseptic dressing. The pedicle which was thin, was tied in two halves with catgut, and returned. On the 30th, is was necessary to break up the adhesion of the lower part of the wound to relieve the distension from contained fluid. There was a large effusion of blood into the lower third of the abdominal cavity. No putrefaction, however, occurred, and no pus formation until a month after the operation; then it was superficial, from accidental displacement of the dressings. The woman is steadily recovering.

REMARKS.—The two cases of acute abscess call for little remark: one was quite well in a week; the other in a fortnight, from date of incision. The cases of chronic abscess have exhibited no sign of constitutional irritation since the evacuation of the contained matter. Both have been much relieved by the procedure; and, as yet, without the risk and dangers which not uncommonly follow the emptying of large collections of matter. Both instances of compound fracture were so severe that a few months ago I might justifiably have thought of an immediate amputation. In not one particular has there been in either case a trace of uneasiness either to patient or surgeon. The power of making incisions into large articulations, without even a fear of after trouble, is of no small interest; and one, if not both, of these patients will probably owe their limbs to the anteseptic dressing. More than once have I seen amputation through the thgh for less marked states of joint-disease. In the ovarian case, I claim nothing more than the prevention of putrefaction, in the large quantity of blood effused into the peritoneal cavity, by the dressing employed. And, too, so far as one single case may be a precedent, this shows also that the spray of carbolic acid (one to a hundred) does not irritate even the sensitive lining of the abdominal cavity. Other cases might well have been added to the list; but I have chosen these as marked instances of surgical procedure, of not infrequent occurrence, and, I might truly add, not uncommonly followed by tedious recovery or by serious after-trouble when the more usual surgical dressings are employed.—*British Medical Journal.*

ORGANIC BROMIDES.

The success that has attended the administration of some of the inorganic bromides, the potassium bromide especially, has led me in the past few months to prescribe organic bromides, and, as the results of the experience have been in many ways satisfactory, I venture to record them. The physiological action of bromide itself—the element—is definite and well pronounced. In the old parlance it is an irritant, but the term does not strictly indicate all that it effects. To a certain extent a volatile body, it produces, when it is inhaled, a peculiar constricting action in the vessels which supply the secreting surfaces with their blood, so that inhalation of its diluted vapor makes the mucous surfaces with which it comes in contact dry and painful. After a time there is what may be called a reaction, due probably to the temporary paralysis of the vessels, and then there follows a free excretion of fluid, what the older writers would designate a flux or salivation, attended with some degree of local insensibility.

Applied directly, in the liquid form, to the body, and especially to a mucous surface, it acts as a direct destructive of tissue, not precisely as a caustic, but as a substance which leads to shrinking and slow death, with still more determinate local insensibility.

In combination with other elements, as with potassium, its direct action is modified but not removed. Passing through the tissues in a condition of fine distribution, and probably separating from its ally, it exerts on the nervous matter its special sedative influence, causing, if it be carried far enough, its direct paralyzing influence over the vessels which govern secretion, and leading to a certain extent to decreased sensibility of the nerves which govern common sensibility.

On the whole, bromine may be considered as a medicine which acts primarily on the sympathetic or organic system of nerves and as a modifier of vascular tension; and this whether it be applied locally and directly, or generally and indirectly—*i. e.* in combination.

Thus we may rationally administer bromine with any other substance with which it will enter into chemical form of combination; we may trust to the development of its due independent action without regard to the action of the substance with which it may be combined, and we may be satisfied that it will not materially interfere with the action of the agent with which it has been made to combine.

Bromide of Quinine.—Bromide of quinine is formed by subjecting the alkaloid quinia to hydrobromic acid, or by acting on a salt of the alkaloid with bromide of potassium. The bromide of quinine is soluble, and mixed with a simple syrup, is ready for administration as a medicine. I prefer to employ it as a syrup containing one grain of it in every fluid drachm. The dose of this syrup is from one to four fluid drachms.

BROMIDE OF MORPHINE.—Bromide of morphine is made by a similar process to that used for making bromide of quinine; morphine or a salt of morphine being substituted for quinine or a quinine salt. This compound also makes up best in form of a syrup, and the preparation I prescribe contains an eighth of a grain of bromide of morphine in a fluid drachm of simple syrup. The dose of this syrup is from one to four fluid drachms.

BROMIDE OF STRYCHNINE.—Bromide of strychnine is made the same way as the two last-named preparations; strychnine or a salt of it,taking the place of quinine or morphine. This, again, I always prescribe as a syrup, one thirty-second of a grain of the bromide being contained in one fluid drachm of the simple syrup. The dose of this syrup is from one to four fluid drachms.

COMBINATIONS.—I am in the habit of sometimes combining the preparations named above, in order to suit particular cases of disease. For example, I combine the bromide of quinine and morphine in syrup, so that each fluid drachm of syrup contains a grain of the salt of quinine, with an eighth of a grain of the salt of morphine, or I combine the three salts, so that the fluid drachm of syrup contains a grain of the quinine, an eighth of a grain of the morphine, and a thirty-second of a grain of the strychnine salt. Speaking generally of all these salts, I may state that, in action, the bromide throughout, in so far as its action is indicated, is eliminative and sedative. I am satisfied the bromide of quinine can be administered freely, when quinine itself, or any other salt of it, cannot be readily tolerated. I am equally clear that the bromide favors the sedative action of morphia, while it, at the same time, allays the astringency which morphia induces; and lastly, I am satisfied, from experiment, that bromide reduces, or rather subdues and prolongs, the action of strychnine on muscular motion.

NOTES ON PRACTICE.—I have prescribed bromide of quinine, and the other bromides named, in a large number of cases of diseases, and with results I did not fully expect. I will proceed briefly to indicate the leading facts that have occurred to me in the course of observation.

Bromide of quinine simply appears to me to be of good service in cases where certain special and persistent symptoms follow upon syphilis. I hardly speak now of the symptoms which patients themselves connect with that malady, but rather of those insidious symptoms which we, as medical men, who have lived long enough to have seen years of practice, trace back to a sypilitic basis, hereditary or acquired. A case of recurring rheumatism of this nature; a case of recurring ulceration of the fauces; a case of general nervous exhaustion with flying pains in limbs, loss of appetite, general debility, loss of hair, and remaining thickening enlargement in the groin, a sequence of bubo; these have been instances in which the administration of the bromide of quinine, in doses of from two to three grains three times a day, has been more immediately and determinately beneficial than any other treatment I have practiced myself, or seen practiced by my brethren of physic, in such forms of disease.

One great advantage of this preparation seems to me to be, that it allows one to give much larger doses of quinine than are common, and in frequent and continued doses without setting up the symptoms of headache, oppression, and singing in the ears, which make what has been called chinchonism. Thus we may give three grains of bromide of quinine, three times a day, without inconvenience, for several days, if a smaller dose does not suffice.

I have an idea that the bromide of quinine might be administered with advantage in the earlier stages of the contagious diseases, such as small-pox. It would, I think, allay the severe nervous symptoms which usher in these diseases, and so moderate the secondary symptoms that follow in train. Since I began to introduce the bromide into practice, I have not had an opportunity of putting this suggestion to the test, but I have sent some of the preparation to Mr. Marson of the Small-pox Hospital, asking him to give it impartial trial. I have also asked my friend, Dr. Broadbent, to make trial of it, at the Fever Hospital in all cases of acute febrile disorders. The results they obtain I shall hope to communicate in a future number of this journal.

Bromide of Morphine.—Is a useful addition to the salts of the alkaloid. It seems to me that a smaller dose of the salt than is effective in the case of the other morphine salts produces as distinct a narcotic influence, and also that the dose may be repeated more frequently without producing those after effects of an opiate which tell against repetition of administration. For instance, in a case of extreme depression of a nervous kind, attended with determinate insania, in which, owing to the headache and nausea it produces, the muriate of morphia has been replaced by chloral hydrate, as the latter remedy has been continued until it had become hurtful, I prescribed the fourth of a grain of bromide of morphia at bed-time with excellent results, producing sleep without production of nausea or other distressing symptoms. Knowing too well how apt we are to ascribe an efficiency to new remedies which belong to other causes, I pen these first impressions on the action of this bromide with all due reserve. I write, in fact, mainly to secure the larger experience which will ensue when many acute observers are bringing the same remedy into daily use.

THE BROMIDES OF QUININE AND MORPHINE—In combination constitute a remedy of which in cases suited for their administration, I cannot speak too favorably. Four classes of disease seem to me to be specially benefitted by this compound, viz: neuralgic fever, cerebral irritation, diabetic phthisis, and extreme acute attacks of intermittent pulse, the result of organic nervous shock. In acute neuralgia I administer a drachm of the syrup of bromide of quinine and morphia to an adult every two hours until the pain is altogether removed, and am able to report not only that pains can be effectually removed by it, but that the medicine exerts no derangement of the body that lessens its value. It calms pain without inducing deep narcotism, it interferes little with the secretions, it rarely causes nausea, and it interferes little with the appetite. In the case of an esteemed member of our own profession, who has been for twelve months under my care, suffering from right hemiplegia, the most distressing symptom I have had to meet has been intense sciatic neuralgia. After a run of all narcotic tonic measures, I found happily in the bromide of quinine and iron, a remedy which has now for three months held him free of all suffering, and, as a consequence of freedom from pain and sleepless weariness, has led to a distinct improvement in his general health.

In diabetic phthisis I have administered the bromide of quinine and morphia with the same freedom. Under its influence, in these cases, the quantity of sugar and of fluid excreted by the urine notably decreases, cough is relieved, the appetite and digestive powers are improved, and recurring hectic is held in abeyance more certainly, I think, than by any other remedy or combination of remedies with which I am practically conversant.

In a case of intermittent pulse, where the lapse in the heart-stroke was painfully frequent, where there was continued feverish restlessness, and a fear of going to sleep that more than all sustained the irregular nervous action, the symptoms gave way at once under a few doses of bromide of quinine and morphia in a manner that was as gratifying to the prescriber as to the patient. The purpose of the medicine, in a word, was promptly fulfilled, and as demonstrably as if it had afforded mechanical instead of therapeutical relief. In a second case of intermittent pulse, where the intermittency is the prelude of great mental excitement, followed by depression and melancholia, the remedy has exerted a similar beneficent influence. It induces rest and sleep without the production of deep narcotism and without deranging digestion.

The Bromide of Strychnine—has rendered unquestionable service in a few cases of dyspepsia with and from deficient nervous control over the vascular supply of the organs concerned in the process of digestion, in cases of partial organic nervous paralysis of the ventrical division of the organic nervous system. In such cases of disease, and they are by no means uncommon, where, when the body is without food, there is a knowledge of hunger without the true sense of it; when there is congestion of the liver, and suppressed secretion to-day, accompanied by giddiness and irritability and præcordial oppression, with diarrhea to-morrow, and then constipation; in these cases the bromide of strychnine in the proportion of one thirty-second a grain may be given three times daily with marked advantage, an alterative being at the same time occasionally added.

In some mixed cases of nervous pain, with want of organic nervous action in the digestive organs, I have combined the bromide of strychnine with bromide of quinine, and in many cases of this nature I have prescribed the three bromides with good results.

Syrup of the bromide of quinine, and strychnine, and syrup of the bromide of quinine, morphine and strychnine, will both, I believe, become favorite compounds with the profession, finding their place as Eastin's syrup of superphosphate of iron, quinine, and strychnine has found its place in the list of tried and approved medicaments.

One other point of practice remains to me only to note. In cases where there is much dryness and irritability of the mucous membrane of the pharynx and larynx, the bromides are not commendable; the bromine increases the irritation. This was so marked in a case where there was a small ulcerated surface in the larynx, that I had to stop the administration altogether, the smallest dose producing violent and long continued irritative cough and spasm.

HYDROBROMIC ETHER.—Amongst other bromides that have medicinal qualities is hydrobromic ether, bromide of ethyl—$C_2 H_5 Br$. This ether is a light volatile liquid made by distilling four parts of powdered bromide of potassium, with five parts of a mixture, consisting of two parts of strong sulphuric acid and one of alcohol, having a boiling-point of 104 degrees Fahr., a specific gravity of 1,400, and a vapor density of 54, taking hydrogen as unity. It is nearly insoluble in the blood.

This ether is of interest, from the fact that the late Mr. Nunnely, of Leeds, proposed and used it as a general anæsthetic, and came to the conclusion that it was the best and safest of all known anæsthetic substances. A few weeks before his death I had the pleasure of visiting Mr. Nunneley, and in the course of our many conversations on scientific subjects, he spoke again of his experience with the bromide, and begged me to submit it to a fair and strict investigation. I have carried out his wish, and can report upon hydrobromic ether, that it is, as Mr. Nunneley said of it, one of the safest of general anæsthetics. An atmosphere containing from eight to nine per cent. of the vapor of the bromide of ethyl, causes, when inhaled, entire destruction of common sensibility, rapidly, and safely. The breathing remains tranquil, the pulse quiet, the expression good; the transcision from the first to the third degree of narcotism is moreover, so rapid that the second degree—degree of muscular excitement—is scarcely recognizable. There is no sign of apnœa; and when, in animals, the inhalation is carried to the extreme, the resistance of the heart to the paralyzing action of the narcotic is good. As might be expected from the low boiling-point of the ether, 104 degrees Fahr., and its insolubility in the blood, it is rapidly eliminated from the body when it has been withdrawn, so that the period of recovery is short, from three to five minutes.

When inferior animals are made to sleep into death by the vapor of the bromide of ethyl, the heart is found, directly after death, with blood on both sides and free of vascular congestion. The color of the blood on each side is natural, and the lungs are left charged, without being surcharged, with blood. The coagulation of the blood is natural. The heart retains its irritability for as long a period of time as after death from methylic ether.

Mr. Nunneley's favorable opinion on the action of hydrobromic ether is therefore confirmed in respect to essentials, but I am not thereupon inclined to suggest that it should be employed in place of other and better known anæsthetics. For, irrespectively of the trouble and cost of making the ether, it has certain faults which are opposed to its general employment. It causes irritation of the throat in some cases, and occasionally vomiting; added to these objections, the fluid easily undergoes change on exposure to the air, with liberation of free bromide, when it becomes difficult, if not dangerous, to inhale.—*Medical and Surgical Reporter.*

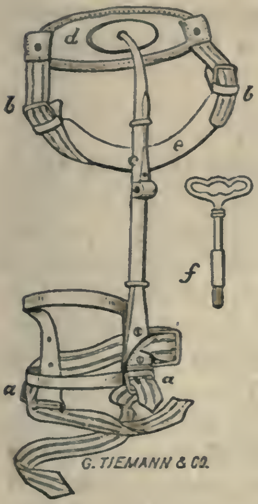
THE SOCIAL EVIL.—Men sprinkle prostitution with rose-water and call it the Social Evil. This is a better title under which to invoke legislation. It keeps persons off the scent. In England, "Contagious Diseases Act" served the same purpose. Such was the title of the law smuggled through Parliament "to improve the health of the Army and Navy." A year or two after its passage people woke up to find they had licensed prostitution in certain districts. Then came opposition and a cry for repeal on the one side, and an effort on the other side to extend the law over the entire kingdom. Associations were organized for both purposes. Opposition has gained ground, and last year six hundred thousand signers protested against the law. The law has been transplanted to America—to St. Louis; nowhere else, as yet. Now comes an effort to apply it to San Francisco. Its friends allege that it has succeeded elsewhere. Its enemies insist that the success is on the surface, and that it has driven the evil out of public view only, and into clandestine retreats, where it is more dangerous to society. Many good people are ranged on both sides. With the enemies of the law, the stumbling-block is the principle of licensing, and thus sanctioning, prostitution. The moral sense of the American people is inflexibly hostile to this principle. They do not believe that the end justifies the means. French and European legislation has schooled many of our citizens of European birth in the opposite faith. Much can be said, and much will be said, on both sides. It is not a subject for hasty legislation. If a plan can be devised to restrict the evil without violating the principles of morality and justice, and thereby sapping the foundations of society, we shall be only too glad to plead for it. But we protest against that one-sided legislation which protects men at the expense of women—which distrains woman of her liberty that she may be made a safe subject for masculine lust—which compels her to submit to examinations and operations in order that she shall not communicate disease to men, and then opens the door of her bedroom to every diseased and beastly lecher, who may enter without examination, without inquiry, without the shadow of restraint. We blush for any professional brother of cultivated conscience and refined morality who would advocate such legislation.—*Pacific Medical and Surgical Journal.*

◆

LIEBREICH'S OPERATION FOR EXTRACTION OF CATARACT.—Prof. Leibrich says that during the four years past he has in more than three hundred cases employed the following method for extracting cataract in preference to the one recommended by Graefe, which he had formerly employed, and finds it to be, in many respects, its superior. The incision of the cornea is to be made with the smallest possible Graefe's knife in the following manner: "Puncture and contra-puncture are made in the sclerotic about one millimetre beyond the cornea, the whole of the remaining incision passing with a very slight curve through the cornea, so that the centre of it is about one millimetre and a-half distant from the margin of the cornea. This incision can be made upwards or downwards, with or without iridectomy, and the lens can be removed through it with or without the capsule. If, as I now practise, the extraction is made downwards without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation; and only two instruments, Graefe's knife, and one cystotome with Daviel's spoon (*Br. Medical Journal*, No. 570).

DR. SAYRE'S APPARATUS FOR HIP JOINT DISEASE.

Fig. 1.

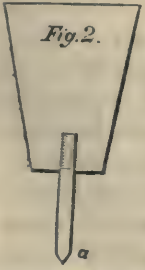


This apparatus consists of two portions, *the upper* (Fig. 1 c) made of corrugated steel, attached by means of a universal joint to a pad of proper size (*d*) fitting on the dorsum below the crest of the ilium, and holding in place a perineal band (*e*) adjustable by strong webbing and buckles (*b b*).

The lower Portion f, is simply a ratched bar, sliding within the first. Its inferior extremity is easily adjusted by means of *a single screw to either side* of two semi-circular bands (*a a*) embracing the thigh just above the knee, making the apparatus answer for both limbs. The cut represents the same arranged for the *left leg.* Extension is made by working the Splint with the key *f*.

The necessary measurements in ordering the above are :—

1. Length from Trochanter major to kneejoint.
2. Circumference of Thigh three inches above knee.



The application of the splint is as simple as its construction.—Take strong adhesive plaster, spread on twilled muslin, cut two fan-shaped pieces (Fig. 2), *one* large enough to reach from the perineum to within two or three inches of the condyle of the femur, on the inner side of the thigh, the other from the trochanter major, to a point directly opposite the end of the inner plaster. Sew on the narrow end of each, Fig. 2 *a*, one of the webbings, represented Fig. 1 *a a* (not on the sticky side). Apply them to their respective places, and after pressing them with the warm hand, to obtain firm adhesion, secure them further by a well-adjusted roller. The instrument contracted, is now laid over the thigh, the webbing Fig. 2 *a*. firmly fastened over the rollers to the buckles

Fig. 1. *a a* and the remaining one around the thigh. The perineal band is now adjusted, rather firm, and the instrument extended with the key, to just enough to make the patient comfortable, and then locked by pulling the slide down over the spring Fig. 1 *c*.

In order to prevent the limb from swelling below the bandage, Dr. Sayre recommends the use of an elastic stocking or kneecap.

A Case of Early Pregnancy.—William McCollom, M.D., of Brooklyn, N. Y., reports the following case:—Jane F., single, born in Vermont, of American parentage, was reared in poverty until adopted by a respectable family in easy circumstances, at the age of eleven years. About this time, and soon after she entered upon her eleventh year, she reached puberty, and menstruated regularly up to the time of conception, which occurred in the early part of the month of March, 1864, after intercourse with an old sinner sixty years of age. Her age at the time she conceived was twelve years and nine months, and at the time of her confinement, at full term, December 10th, 1864, thirteen years and six months. She was at this time a bright, active girl, with a childish face, and with a mind corresponding with her years; but in other respects had a womanly development, weighing about ninety-five pounds, with well-developed pelvis, full rounded limbs, and finely developed mammæ.

I was in attendance soon after the commencement of labor, at five o'clock p. m. The pains were regular, with brief intervals of rest, gradually increasing in severity. On making an examination, found the os dilated to admit the point of index finger. After an hour and a-half had elapsed she was suddenly seized, without premonitory symptoms, with quite severe epileptiform convulsions, immediately followed by coma and stertorous breathing. The pains continued, lessened in degree of force, with considerable regularity. She was bled in the arm, and kept under chloroform until labor was sufficiently advanced to allow me to apply the forceps at three o'clock a. m. I delivered her, without difficulty, of a living girl, which weighed six pounds and eight ounces. After the delivery of the child she continued in an unconscious comatose state until nine o'clock the next morning, when she gradually emerged from it, and made, together with the child, a good recovery. She had an abundant lacteal secretion, and nursed the child. She had no return of the eclampsia after an hour from the first seizure. The urine was not tested for albumen or casts; but she had at no time previous or subsequent to labor symptoms of uræmia.—*Medical Record.*

◆

A Case of Mogigraphia.—Dr. Noyes, of Detroit, Mich. (*Detroit Review of Medicine*), reported a rare as well as a very interesting case of scrivener's spasm or palsy. The case was that of a bank-clerk, who had been a long time engaged in writing rapidly and very constantly, until exhausted. He complained at first of numbness in thumb and index-finger. The numbness grew worse, and after writing awhile, he was unable to hold the pen at all. The constant galvanic current has been used with benefit, in connection with cold showering.

Dr. Livermore said that he had seen a number of cases of this affection in Europe, which were enabled to write by fitting a block to the pen, to be held in the ball of the hand.

We would remark that Prof. Eastman, of Eastman's Commercial College, Poughkeepsie, has devised an excellent penholder, with an egg-shaped attachment for the palm of the hand, which is well adapted to cases of mogigraphia.—*Medical Record.*

◆

Circumcision in Utero.—A member of the Philadelphia Obstetrical Society having witnessed the circumcision of a Jewish child, described this operation to his wife, who was in the early period of pregnancy. A strong impression was made on her mind, and the event was the subject of constant thought for several days. Seven months afterwards she gave birth to a child, whose glans penis was found exposed, "while the retracted prepuce actually showed the yet granulating ciatrix of what looked like a very recent circumcision!" This extraordinary circumstance, which is related in a first-class medical journal, under the head of "Birth-mark from Maternal Impressions," suggests a ready method by which our fellow-citizens of the Israelitish faith may do away with the sanguinary mode of performing circumcision in common use.—*Pacific Med. and Sur. Journal.*

HÆMOPTYSIS—TREATMENT BY ATOMIZER.—Dr. Holden, of Newark, New Jersey, (*Medical Record,*) invites attention to a simple and efficacious method of checking hæmoptysis by "throwing the atomized vapor of a saturated solution of gallic acid directly into the mouth and throat. I have repeatedly found the most gratifying success follow at once, even in cases of profuse hæmorrhage. Unlike other styptics thus administered, it quiets the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and aside from its efficacy, it inspires immediately the confidence of the patient. My habit has been to have an atomizer and bottle of gallic acid always at hand, and when summoned hastily to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where the blood was streaming from the mouth with every expiration.—(*Medical Cosmos.*)

◆

OVARIOTOMY DURING PREGNANCY.—At a recent meeting of the London Obstetrical Society, Dr. Eugene Goddard read the particulars of a successful case of ovariotomy during pregnancy. The patient was 29 years of age, and in 1870 was found to be the subject of an ovarian cyst, but as there was no urgent symptoms, the consideration of any surgical treatment was deferred. She then became pregnant; and about the end of the second month of utero-gestation, Mr. Spencer Wells removed the ovarian cyst. Eleven and a half pints of fluid was withdrawn. The clamp was removed and the bowels acted on the eight day. Pregnancy went on uninterruptedly, and a living-child was born at the full period. Dr. Goddard said that the compound nature of the cyst, precluded the idea of tapping, as also did the risk of peritonitis, suppuration of the cyst, and the formation of adhesions. Premature labour was not induced, because the patient was already beginning to suffer constitutional disturbance from the double burden, and it was doubtful whether, by the time a viable child could be born, they would not have assumed such magnitude as to imperil the patient's safety; whereas, if abortion were induced, the child would be lost, and the tumor would remain.

Dr. Ross related a case in which Mr. Wells had operated under more adverse circumstances, as the lady was much broken down in health, at the time of the operation. A small ovarian tumor was diagnosticated eighteen years ago. The patient was subsequently married, and Dr. Ross had attended her in four labours. In no instance was parturition attended with any serious difficulty. During gestation the tumour appeared to become smaller. The tumor rapidly increased about a year ago, and Mr. Wells removed it successfully, the patient being about two months pregnant.

Mr. Spencer Wells said that the existence of the cyst for eighteen years, and the pressure on its walls of hard bone-like masses, had led to the diagnosis of a dermoid tumor. He had performed ovariotomy four times during pregnancy, and all the patients had recovered.

Dr. Bantock said that the diagnosis of pregnancy at an early stage, complicated with an ovarian tumor, was not always easy. In considering the performance of the radical operation in these cases, one fact was worth any number of theoretical objections.

Mr. Scott referred to a case of ovariotomy which he had recently performed. The patient had passed through two labours at term in safety.—*British Med. Journal.*

NEW METHOD OF EXTRACTION OF CATARACT.

BY R. LIEBREICH,

Ophthalmic Surgeon and Lecturer to St. Thomas' Hospital, London.

GENTLEMEN:—Until now we could perform but small operations at our Thursday meetings. The Ophthalmic Ward having been opened last week, we shall be able to receive patients for operations of greater importance. We shall begin with cases of iridectomy and cataract; and as for this latter, I shall have to explain to you my new method of extraction, the more detailed description of which will appear in our next *Hospital Reports.*

The frequent occurrence of total suppuration after flap-extraction induced the celebrated operators of Moorfields Hospital to return to and improve the linear extraction, which at that time had been almost abandoned. Graefe, struck with the results which Messrs Bowman and Critchett had obtained, submitted the question to further studies; and so formed the method which is now generally adopted in England and on the continent.

There are numerous statistics to show that in Graefe's method there is a much smaller percentage of total suppuration than in flap-extraction; also that, even in cases of very bad general constitution, weak and marastic individuals with thin and flabby cornea, the prognosis is not so unfavourable as in flap-extraction; and the precautions we have to take after the operation, and the restrictions we have to impose upon the patient are not so great.

On account of these advantages of Graefe's method, it was natural that the flap-extraction was soon abandoned. To me, however, it appeared that the mechanism of Graefe's operation was still too complicated and violent; that prolapse of the vitreous body and hæmorrhage into the anterior chamber were too frequent during the operation, iritis and strangulation of the iris in the corners of the wound too frequent after it; and that the most favourable results, compared with the most favourable results in flap-extraction, were not perfect enough.

If these inconveniences be carefully inquired into, it is found that they can all be brought back to one and the same principal cause—namely, peripheric position of the incision. This peripheric position explains why—

1. It is impossible to remove the lens without iridectomy.

2. The excision of the iris is to be large and extensive, else it causes too great an inclination to prolapse of the iris.

3. It is necessary to perform the operation above, so as to cover a part of this large pupil by the upper eyelid. The removal of the lens upwards is by far more difficult, on account of the tendency of the eye to escape upwards; and, consequently,

4. During the whole operation, the eye has to be kept open by the speculum, and to be drawn downwards by the forceps. This is not only painful and injurious to the eye itself, but causes

5. Not unfrequently, prolapse of the vitreous body, to which a peripheral incision itself already tends. Prolapse of the vitreous body and hæmorrhage into the anterior chamber are the chief impediments to a careful removal of all the *débris* of the cortex, and cause—

6. Those grave forms of iritis which are sustained by the permanent irritation caused by the tumified remainders of the lens behind the iris.

Of those disadvantages I was perfectly aware after I had followed for a short time Graefe's original plan; and I proposed, therefore, in 1867, in an article on Cataract which I wrote for the *Nouveau Dictionnaire de Médecine et de Chirurgie* (Paris, Baillière), some modifications. They are, however, but the first step I made; and in the last four years I have come, by a large series of systematic experiments, to a method which I now, after more than three hundred operations performed in this manner, consider definitely settled.

The incision of the cornea is to be made with the smallest possible Graefe's knife, in the following manner:

Puncture and contrapuncture are made in the sclerotic about one millimetre beyond the cornea, the whole remaining incision passing with a very slight curve through the cornea, so that the centre of it is about one millimetre and a half distant from the margin of the cornea. This incision can be made upwards or downwards, with or without iridectomy, and the lens can be removed through it with or without the capsule.

If, as I now practise, the extraction is made downwards without iridectomy, the whole operation is reduced to the greatest symplicity, and does not require narcosis, assistance, elevator, or fixation; and only two instruments—namely, Graefe's knife, and one cystotome, with Daviel's spoon.

What are the advantages of this method of operating?

1. It is undoubtedly of all methods the simplest and least painful.

2. It is unconditionally the easiest to perform, and requires the least practice. It may, therefore, be performed by those operators who from time to time only have an opportunity of doing so; and those patients benefit by it who are unable to reach a central point in order to place themselves in more practised hands. On account of the greater facility of operating, the last pretext for reclination of cataract is removed, which, although universally and justly condemned, is still here and there performed.

3. It is preferable to the flap-extraction, on account of the safer and constantly regular incision. The flap-incision scarcely ever acquires the regularity which may theoretically be demanded

—even if made by the most practised operator, with the best assistance, the most enduring patient, or under chloroform—by the use of elevation and fixation instruments. Now its height or breadth is not what it is intended to be; now its position is incorrect, or the wound is irregular—indeed, part of it is due to the difficult form of the incision; but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract-knife is to make the incision. A small Graefe's knife would make a flap safer and more regular than the various other cataract-knives. The incision which I designed can easily be made, in giving it in every case exactly the desired form and position—even if the patient is very restless—without assistance, without elevator or fixation. It mainly depends on the facility with which the place of the contrapuncture can be chosen, the knife drawn back and made to pierce at another point if a mistake is made in the selection of the place for contrapuncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed if necessary.

A little practice will enable every operator to avoid these corrections, and to make the contrapuncture, as well as the whole incision, correctly to his original plan, without subsequent alterations.

4. Against Graefe's method it has the advantage of a more favourable position of the field for the operation, and avoids through it all the inconveniences to which I have referred, as arising out of the peripheral position of the wound.

5. In regard to the mode of healing, it favourably contrasts, like Graefe's method, with the flap-extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert; also on account of the less demand made upon the patient to remain quiet after the operation; and, above all, on account of the lesser tendency to suppuration of the cornea.

6. The advantages of my method over that of Graefe's are shown by the ultimate results obtained; by not showing a greater percentage of total suppuration than in Graefe's method, my best results are in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap extraction.—*British Medical Journal.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of every Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, MARCH 1, 1872.

AMENDMENTS TO THE MEDICAL ACT.

The Committee appointed by the Council at its last meeting to draft amendments to the Medical Act have completed their labors and framed the following clauses, which have been placed in the hands of Dr. Baxter, to be carried through the House. It is very doubtful, however, at this late stage of the Session, whether or not they will pass the House. Probably it is just as well that they should be laid over for the present, in order that they may be submitted to the profession for approval or amendment:—

1. Section 11 is hereby amended by striking out the words "by a notice" in the thirteenth line down to the words "such election" in the fifteenth and sixteenth lines, and the following hereby substituted "in such manner as shall be provided for by by-law of the council."

2. Section thirteen is hereby amended by striking out the word "Wednesday," fifth line, and substituting the word "Tuesday" therefor.

3. Section fourteen is hereby amended by striking out all the words after "in" in the third line and substituting the words "the manner provided for by by-law of the council."

4. Section twenty-five is hereby amended by adding the following clause, "whenever any registered practitioner of the general school shall signify his wish to become registered as a homœopathic or eclectic member of the College of Physicians and Surgeons of Ontario, he shall signify such wish to the Regis-

trar in writing, and shall appear at the next regular examination of the Board of Examiners and be examined in the branches herein before mentioned by the examiners approved of by the representatives in the Council of the body to which he has signified his wish to join; and upon such examination being reported to be satisfactory the Board shall report his name as having passed as a homœopathic or eclectic member of the College of Physicians and Surgeons of Ontario; and the Registrar shall register his name upon the payment of such fee as the council may appoint; and all persons so registered shall be entitled to vote for homœopathic or eclectic representatives in the council, as the case may be.

5. Sections forty, forty-one, forty-two and forty-three are hereby repealed, and the following sections and sub-sections are substituted in lieu thereof:—

6. Any person who shall wilfully procure, or attempt to procure, himself to be registered under the said Act, by making or producing, or causing to be made or produced, any false or fraudulent representation or declaration, either verbally or in writing, shall, on conviction thereof before any Justice of the Peace, incur a penalty not exceeding one hundred dollars, and every person knowingly aiding or assisting him therein shall on conviction thereof, incur a penalty of not less than twenty, nor more than fifty dollars.

7. If any person shall procure, or cause to be procured, his registration under the said Act by means of any false or fraudulent representation or declaration, either verbally or in writing, it shall be lawful for the registrar, upon the receipt of evidence which shall be satisfactory to him of the falsity or fraudulent character of said representation or declaration, to erase the name of the said person from the Register, and to make known the fact and cause of such erasure by notice to be published once in the *Ontario Gazette;* and after such notice has appeared, the person whose name has been so erased as aforesaid shall cease to be a member of the said College of Physicians and Surgeons of Ontario, and shall cease to enjoy any of the privileges of registration under the said Act, and shall be disqualified from registering under the said Act at any future time without the express sanction of the council.

8. It shall not be lawful for any person not registered under the said Act to practise Physic, Surgery or Midwifery in Ontario for hire, gain or hope of reward.

9. If any person not registered under the said Act, shall, for hire, gain or hope of reward, practise or profess to practise Physic, Surgery or Midwifery, or advertise to give advice or medicine, he shall, upon a summary conviction before any Justice of the Peace for any and every such offence, pay a

penalty not exceeding one hundred dollars, nor less than twenty dollars; provided always that nothing in this clause contained, shall prevent any person licensed under the Pharmacy Act from compounding medicines when prescribed by a registered prrctitioner, nor from selling any medicine in the ordinary course of trade.

10. Any person who shall wilfully and falsely pretend to be a Physician, Doctor of Medicine, Licentiate in Medicine, Surgery or Midwifery, Master of Surgery, Bachelor of Medicine, Surgeon or General Practitioner, or shall assume any title, addition or description other than he actually possesses and is legally entitled to, shall be liable on conviction before a Justice of the Peace, to a penalty not exceeding fifty dollars.

11. Any person not registered under the said Act, who shall take or use any name, title, addition or description implying or calculated to lead people to infer that he is registered under the said Act or that he is recognized by law as a Physician, Surgeon, Accoucheur, or a Licentiate in Medicine, Surgery, or Midwifery, shall, upon a summary conviction before any Justice of the Peace, pay a penalty not exceeding one hundred dollars, nor less than twenty-five dollars.

12. In any trial under the said Act as hereby amended, the burden of proof as to registration shall lie upon the person charged, provided always that the register in force for the time being, shall be *prima facie* evidence that the persons named therein are hereby entitled to the diplomas mentioned opposite their respective names.

13. All prosecutions under this Act, or the Act amended by it, may be brought and heard before and by any one or more of Her Majesty's Justices of the Peace having jurisdiction in the locality where any such offence has been committed; and such Justice shall have power to award the payment of costs in addition to the penalty; and in case the penalty and costs awarded by him be not paid forthwith upon conviction, to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months, unless such penalty and costs be sooner paid.

14. All penalties recoverable under this Act, or under the Act hereby amended, shall be paid to the convicting Justice, and be by him paid to the Treasurer of the Council: all penalties so recovered shall form a part of the general fund of the Council.

15. Any person convicted under his Act, or under the Act hereby amended, who shall give notice of appeal against the decision of the convicting Justice, shall be required, before being released from custody, to give to said Justice satisfactory security for the amount of the penalty and costs of conviction and appeal.

16. Any person may be prosecutor or complainant under this Act, or under the Act hereby amended; provided always that every prosecution under this Act and the Act amended thereby, shall be commenced within one year from the date of the alleged offence.

17. This Act shall be read as part of the Act hereby amended.

AID TO CHARITABLE INSTITUTIONS.

The Honorable member for Norfolk, Dr. Clarke, has been engaged during his spare moments since the session commenced in visiting the various charitable institutions, hospitals, poorhouses, &c., and eliciting information regarding the working of these institutions, with a view to establish them on a more liberal and permanent basis. He has asked for and obtained a parliamentary committee to take the following matters into consideration. The committee consists of the following gentlemen: Hon. Messrs. Blake and Gow, Messrs. Guest and Williams, Drs. Baxter, Wilson, Clarke, and Boulter. The Hon. Mr. McKenzie has also promised to bring in a Bill next Session, based on the report of this committee. The objects aimed at are as follows:—1st. To place the various hospitals on a better financial basis. 2nd. To render it imperative upon counties or groups of counties to establish hospitals, and to provide accommodation for the maintenance of the chronic insane, and imbecile. 3rd. To establish a permanent Provincial Sanitary Board, or board of health, to which all reports on epidemic and other diseases shall be referred; and 4th. To establish one or more inebriate asylums, &c.

In reference to the above matter, the suggestions and opinions of the medical profession and others are earnestly solicited, and will receive every attention. We hope the honorable gentleman may be successful in his efforts; and we have no doubt that the profession here and throughout the country will lend him every assistance and support in his important inquiries, and warmly second his efforts in the direction above indicated. The Toronto General Hospital will come in for a share of the honorable gentleman's attention, and probably no other institution in the Province is more in want of assistance than this. At present, though capable of accommodating 300 patients, there are only 50 free beds in the institution. The building is finely situated, having good facilities for proper drainage, and with a little improvement in the ventilation, and *means* to place it within reach of the unfortunate poor, it could be made one of the best appointed and most useful of the kind in the Dominion. It is managed by a very efficient board of trustees, and has an excellent hospital staff; and we trust that the government may be induced to give it that assistance which it so much stands in need of to make it what it ought to be—a blessing to the afflicted poor.

MEDICAL COUNCIL ELECTIONS.

In the last number of the *Lancet* we requested our friends to send us the names of probable candidates for election to the Medical Council in June next. In so far as our request has been complied with, we are enabled to state that Dr. Jas. A. Grant, of Ottawa, will be a candidate for the Territorial Division of Bathurst and Rideau, in opposition to the present representative, Dr. Mostyn, of Almonte. Dr. Bray, of Chatham, for Western and St. Clair, in opposition to Dr. Edwards, Strathroy. Dr. Hodder of the Medical Faculty of Trinity College Medical School, will be a candidate for the University of Trinity College, Toronto, in opposition to Dr. C. B. Hall, the present incumbent.

MATRICULATION EXAMINATION.—The next Quarterly Matriculation examination of the Council of the College of Physicians and Surgeons, Ont., will be held in the Grammar School, Toronto, and also in Kingston, on the first Tuesday and Wednesday in April.

PROFESSIONAL EXAMINATIONS, COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—We are informed that a meeting of the Executive Committee will be held at an early date to fix the time and place for holding the above examinations. Although it has not been definitely settled, we are in a position to say that in all probability they will commence on Wednesday, the 3rd of April.

VACCINE.—We have received several enquiries from our subscribers regarding the reliability of the vaccine virus supplied by Dr. Martin, of Boston Highlands. We beg to say that, a few weeks ago, we ordered a crust, one remove from the cow, and it gave the most entire satisfaction. It has not failed in a single instance. Our friend, Dr. Covernton, of Simcoe, also received some of the points, direct from the cow, through Dr. Clarke, of St. Catharines, which also proved highly satisfactory. We have, therefore, no hesitation in recommending the virus as supplied by Dr. Martin.

DECLARATION REGARDING ALCOHOL.

The following "declaration" regarding the use of alcohol, by medical men for their patients, has lately been published in all the leading medical journals in England. It contains the signatures of the most eminent medical men in London, and many others of lesser note, to the number of two hundred and fifty-four:

"As it is believed that the inconsiderate prescription of large quantities of alcoholic liquids by medical men for their patients has given rise, in many instancs, to the formation of intemperate habits, the undersigned, while unable to abandon the use of alcohol in the treatment of certain cases of disease, are yet of opinion that no medical practitioner should prescribe it without a sense of grave responsibility. They believe that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past.

"They are also of opinion that many people immensely exaggerate the value of alcohol as an article of diet, and since no class of men see so much of its ill effects, and possess such power to restrain its abuse, as members of their own profession, they hold that every medical practitioner is bound to exert his utmost influence to inculcate habits of great moderation in the use of alcoholic liquids.

"Being also firmly convinced that the great amount of drinking of alcoholic liquors among the working classes of this country is one of the greatest evils of the day, destroying—more than anything else—the health, happiness and welfare of those classes, and neutralizing, to a large extent, the great industrial prosperity which Providence has placed within the reach of this nation, the undersigned would gladly support any wise legislation which would tend to restrict, within proper limits, the use of alcoholic beverages, and gradually introduce habits of temperance."

While protesting against the first paragraph, on the ground that it would appear to attribute to the profession the creation of intemperate habits, we are of the opinion that this important document has not appeared a moment too soon. A great deal of harm may undoubtedly be done by the careless and indiscriminate use of alcohol by medical men for their patients. Such a movement on the part of the medical profession in our own country would not be amiss. In the meantime we hope that the publication of the above declaration may not be without its beneficial effect, and that greater care and discrimination may be exercised in the administration of this useful, though much abused remedy.

NOTES AND COMMENTS.

INNERVATION.—In the present number will be found an article on "the phenomena of life," by Dr. Freel, of Markham. It is the continuation of a preceding article which was published in the April Number, for 1871. If any of our new subscribers would like to have the whole article we will be happy to supply them with the number of the *Lancet* referred to.

GLUE BANDAGE FOR FRACTURES.—Dr. McCallum, of the Montreal General Hospital, (*Canada Medical Journal*), has lately introduced the use of the *Glue Bandage* as a primary setting in the treatment of fractured limbs. Patients thus treated are permitted to get up on the third day and move about on crutches. The bandages do not get out of order, and the advantages more than counterbalance any trouble that is necessary in its application.

TREATMENT OF SMALL-POX.—Dr. Marsden, of Quebec, (in the *Medical Record* for July 15th), recommends three drops of Balsam Copaiba, rubbed up with a little Albumen, or Mucilage and Syrup in the treatment of small-pox. The idea originated with Dr. Rowand, one of the Surgeons of the Marine and Emigrant Hospital, Que. It is claimed for the above remedy that it arrests the process of pustular developement and consequent desquamation and suspends the disease.

VACCINATION.—We have received a communication from Dr. N. Munro, of Brucefield, in which he urges the propriety of repeated vaccination as long as it will take effect as a preventive of the spread of small-pox. In reference to revaccination he states that in his experience sixty per cent are susceptible of taking a second time, forty per cent a third time, and ten per cent a fourth time, and therefore he submits that it is incumbent on old and young to be repeatedly vaccinated, until it fails to make any impression on the system.

HONORS.—Dr. Gardner, professor of Medical Jurisprudence in the Medical Faculty of Bishop's College, Montreal, has been elected Fellow of the Obstetrical Society, London, England.

BOOK NOTICES.

ANÆSTHESIA, HOSPITALISM, &c., by Sir James Y. Simpson, Bart, M.D., D.C.L. Edited by his son, Sir. W. G. Simpson, Bart, B.A. New York: D. Appleton & Co. Toronto: Copp, Clark & Co. pp. 553.

This work contains most of Dr. Simpson's articles, correspondence &c., on the subject of Anæsthesia, written from time to time, some of which have already been published in the periodicals of the day, and are now transferred to the present volume. The volume opens out with a History of Anæsthesia and its defence. The nature and powers of various anæsthetics and their application to surgery and obstetrics are next taken up, and followed by some remarks on local Anæsthesia. On the subject of Hospitalism, the author has been at considerable pains to collect statistics from different sources, showing the differential death-rate between country and hospital amputations. He next discusses the causes of this difference, and suggests certain improvements in the sanitary condition of hospitals. Considerable space is devoted to the interesting subject of Hermaphroditism, which the author divides into *true* and *spurious*, the former including all cases in which there is a blending of both male and female organs in the same individual, and the latter comprehending malformations of the genitals of one sex, approximating in appearance those of the opposite. The author concludes with an article on the process of stamping out small-pox and other contagious diseases. This part is especially interesting at the present time, in view of the present epidemic.

THE

CANADA LANCET,

MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. MAY, 1872. No. 9.

Original Communications.

EPIDEMIC OF ROTHELN.

BY DAVID HEGGIE, M. D., BRAMPTON, ONT.

I am encouraged to make the following condensed observations on an extensive epidemic that has recently occurred in our town and neighborhood, for these reasons.

1. To strengthen the description of Vogel, one of the most accurate of observers.

2. Because the late epidemic was an extensive one, and therefore, afforded an unusual field for observation, and

3. Because, as Vogel remarks, there is "scarcely another disease upon which the views of authors differ so vastly" and so much so "that later writers have denied the existence of the disease entirely."

The prodromata of Rôtheln are in the majority of instances insignificant. The first symptom is the eruption and this makes its appearance, almost invariably, beneath the eye-lids first, afterwards extending rapidly over the whole surface of the body but occasionally confines itself merely to the face, with a few spots perhaps on the wrist. Synchronous with the eruption beneath the eye-lids there is a swelling between the eyes and in half the cases injection of the conjunctiva. Pyrexia is notably absent and, although, in some cases, there is arterial excitement this appears merely fortuitous and like the sore throat, nausea, urticaria, &c., which we sometimes meet with in cases of Rôtheln, not a symptom of Rotheln, but indicating a condition of the system which would have manifested itself independent of the epidemic, or perhaps a complication arising from the presence of another epidemic, such as influenza. One symptom, however, is nearly constant, viz., giddiness, and is almost the only constitutional symptom in the disease. Children with Rôtheln will engage in their usual amusements, eat heartily, and sleep well, and covered with the lentil rash will complain of nothing but a feeling of staggering. But so constant is this symptom that when children repudiate the idea of feeling unwell the parents can almost invariably remind them of the giddy feeling when cross-examined.

Although the exanthema is said "to differ in no respect from that of morbilli," I think I may safely affirm that the rash is more papulous, larger, more un-uniform, and of a darker colour. It is very irregular in its distribution, causes considerable itching and disappears at the end of the first or at the most the second day of the disease I have had a case where it returned after an interval of ten weeks, other cases being in the same family at both periods. There are no sequlæ to this disease. Vogel remarks that this disease is "not immediately preceded nor soon followed by any epidemic of measles or scarlatina." This remark must have been founded on evidence merely negative for we have recently been afflicted in this vicinity with an epidemic of scarlet fever of a most malignant type, and following the law of probabilities, after having within a limited space of time been visited by puerperal fever, erysipelas, scarlatina, parotiditis, whooping cough, influenza, &c., we are quite prepared to be told of cases of measles, and, indeed in the surrounding country cases of morbilli are reported. One circumstance, however, is worthy of notice, that not one of the patients with Rôtheln was attacked with scarlatina during the recent epidemic. Most of them had previously had either scarlet fever, or measles, or both, and, although some were supposed to have had *scarlatina sine eruptione* during the late epidemic, this I doubt for the disease was too well marked to be masked. This evidence, like Vogel's, however, is merely negative.

As to the treatment, this, in my cases, has been merely confinement within doors for two or three days—parallel symptoms being treated on their own merits. In one case the rash was arrested from exposure to cold but returned by use of the warm bath, and the symptoms of nausea and headache removed.

DEODORIZERS AND DISINFECTANTS.

BY A. A. ANDREWS, M.D., WINDSOR, ONTARIO.

Your correspondents usually write to furnish some item of information which they suppose to be interesting to their confrères. My object in writing is, not to *give*, but to *acquire* information.

I have been engaged in the study of my profession nearly fifty years, and find my doubts increase *pari passu* with my years, and think I have progressed as much when I discover and discard an error, as when I perceive and learn a truth.—"*A powerful Deodorizer and Disinfectant.*" Upon what well ascertained facts is the propriety of the conjunction of these two terms based ?

In the course of my life, I have (I suppose for my sins,) at various periods resided near a large distillery, where swine were fed, near a large tannery, near a soap and candle factory, but I cannot say that in any of these situations I observed the prevalence of any disease which I could associate with the abominable smells to be found in those vicinities, nor that the ordinary diseases of the season were more severe there than elsewhere.

During the seasons of the potato rot, I have ridden for miles between the stricken fields, when the stench was disgusting in the extreme, without suffering in my health ; nor could I learn that either farmer or cotter was affected by it, though living day and night for weeks in the midst of it.

An *offensive* smell then does not seem to be necessarily *a bad one*; i.e., a noxious one.

On the other hand, many delightful perfumes, such as the Magnolia, the Catalpa, &c., are well known to be as pestilential as they are fragrant. In the Southern States there is a beautiful creeper, (whose name has escaped me,) which is being rapidly and zealously exterminated. It was not cultivated for its odour, (for it has none) but for its beauty; and the people have learned from observation that its propinquity to their dwellings was fatal, and the *consensus omnium* has doomed it to extirpation.

I have a seven mile ride to take after sunset; about two miles from home I pass two large pig pens and a soap factory. "Phew," says my nose, "poisonous! pestilential! drive on!" I put my horse to speed, and get out of the stench. I have reached the lake shore, and would fain breathe my horse and gaze on the moonlit water; and my nose gives me no warning of the three mile marsh over which I must ride, but I know that no unacclimated person can dally there without ensuring an attack of ague. Riding by night, in the Southern States, your nose would lure you to linger by the beautiful Magnolia. Be not deceived; it is a traitor. Ride on.

Let us enter on our domain—the hospital and sick-chamber. Yonder case of Scarlatina Maligna, with the dreadful gangrenous sore throat, is both *noisome* and *noxious*. Spite of all the deodorizers, your nose tells you it is offensive; and your experience informs you that you are on dangerous ground—Pass on. Come with me to this young convalescent lady's chamber. Here are no foul smells. She is as clean and sweet as a lady should be; but is she in-noxious? With her dry, peeling, scurfy skin, I consider her the more dangerous companion of the two, though my nose told me nothing.

Happy is the practitioner who has never been called on to attend a bad case of confluent small-pox! During the maturtion, can anything surpass the horrible fetor? Then indeed, we exclaim, "Blessed is the man who is liberal with his Deodorizer." It is a priceless blessing, but is it a Disinfectant? Upon what well ascertained facts can we base an affirmative reply?

In small-pox, I have a suspicion, almost amounting to a conviction, that its contagiousness has its utmost intensity during the incubation, and before the appearance of the rash. I know this opinion is widely divergent from that generally held. I can't help that; I can only entertain my own opinion, and reason from facts that I have verified.

From your "Disinfecting" process, eliminate the washing, cleansing, and ventilating, and what proof have we that anything remains? I ask in no carping spirit, but one of honest inquiry.

EXCISION OF UTERINE POLYPI.

BY CLARKSON FREEMAN, M.D., MILTON, ONT.

The subject of the following case of fibrous intra-uterine polypus was Mrs. L. C———, aged 45, married, and has had seven children.

History of illness—About four years since, the catamenia became excessive and frequent. During the last year the flooding was so formidable that fainting fits were frequently produced and for the last six months she was confined to her bed in consequence of her continuous discharge. She was pale and anæmic, and presented as great emaciation as if she were in the last stage of Phthisis. Having been informed that it was only the change of life, she demurred when I suggested that it was absolutely necessary to ascertain carefully the condition of the uterus. An examination revealed the fact that an uterine tumor was the cause of her having been brought almost to death's door by her very severe and frequent attacks of hemorrhage. On examination, the os uteri was found dilatable and the fundus of the tumor was easily detected. By means of a strong polypus forceps, I succeeded in partially extracting the tumor into the vagina, where it was retained by my assistant (Dr. Wm. Freeman), while I introduced my left hand and got my fingers astride its pedicle and then gradually excised it with a large curved, blunt pointed scissors. The polypus was the size and shape of a large orange. The result was very satisfactory, as there was neither hemorrhage during nor subsequent to the operation. She left her bed in ten days and menstruated regularly for nearly two years after the excision of the polypus.

Case 2—Mrs. L.——, aged 42, married, a robust looking woman, but of an exceedingly nervous temperament. Although she has had several miscarriages, she has never given birth to a living child. She has not suffered from hemorrhage except that occasionally her menstrual discharge was somewhat augmented and more prolonged than usual. Recently she had a profuse muco-purulent discharge. On examination, I discovered a flat fibrous polypus suspended by a small pedicle from the inner and inferior cervical portion of uterus. I removed it by excision easily with very little loss of blood. Several hours after the operation an alarming hemorrhage took place, which was, with difficulty, arrested, by plugging the vagina with cotton batting. The size and shape of the polypus was very peculiar, being nearly nine inches in circumference, and only about an inch and a half from its base to its pedicle.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.

PROFESSIONAL EXAMINATION, 1872.

DESCRIPTIVE ANATOMY—DR. SULLIVAN.

The brain being sliced to a level with the corpus callosum, how would you expose the third ventricle? Name the structures divided, and the boundaries of the ventricle.

Describe the arch of the aorta, its course, divisions, limits, and relations.

Give the exact position of the pancreas, its structure, and the vessels and nerves that supply it.

What ducts convey secretions into the mouth, and at what points do they terminate?

Define the term fascia. Name the varieties, and describe the fascia lata.

The integument being removed, how would you expose the parts passing through the great sacro sciatic notch? Name them in order, and mention generally their destination.

What structures would it be necessary to divide to expose the median nerve from the axilla to its termination in the digital branches?

What class of articulations does the ankle belong to? Describe its ligaments, and name the tendons contiguous to it.

SURGICAL ANATOMY—DR. SULLIVAN.

Describe the mode in which you would expose the several cavities in making a *post mortem*, and state how you would remove the brain entire?

Name the muscles contracted in talipes varus and valgus, and any danger likely to occur in their division.

Give the exact course and relations of the external iliac, and mode of ligating it.

Give the boundaries and contents of the space in front of the elbow.

Describe the Lachrymal duct, and Eustachian tube, and mode of catheterizing them.

MEDICINE—Dr. WRIGHT.

Give the symptoms of Epilepsy in its two principal forms—Mitior and Gravior. Prognosis in each form, course, termination, and treatment.

Give the symptoms and signs of acute Pleurisy, distinguishing between symptoms and signs, the several stages, prognosis, course and treatment.

Give the symptoms of Dysentery in its sporadic and Epidemic forms, and definition of the terms. What forms of febrile disturbance are liable to occur in each? What are the assigned causes of the disease? What the complications, prognosis, and full and explicit directions for treatment?

Give the definition of the term Exanthem. Give symptoms of the premonitory stage in each, the phenomena of the second stage, and the average duration of each. Enumerate the most frequent complications.

Give the appearance of Vaccine disease.

Enumerate the causes which may change the shape of the chest, either increasing or decreasing its size, and means by which you may distinguish them.

MEDICAL PATHOLOGY—Dr. WRIGHT.

Give the definition, causes, and results of Passive Congestion.

Give the definition, causes, and results, of Active Congestion, or determination of blood.

What is the condition of the blood in Rheumatism, Anæmia, and Plethora?

Give the Pathological Anatomy of Enteric, or Typhoid Fever.

MEDICAL DIAGNOSIS—Dr. DEWAR.

Enumerate the Diagnostic points between Pulmonary abscess and the cavity of Tuberculosis.

Describe the symptoms of acute Bright's disease. Name and differentially Diagnose the diseases likely to be confounded with it.

What is Enteritis? Describe its symptoms.

Diagnose Gout.

How would you distinguish between Spinal Meningitis and Myolitis? For what other diseases might the former be mistaken, and how would you recognise it from them?

SURGERY—DR. LIZARS.

Describe the difference between Osteo-Sarcoma and Osteo-Cephaloma.

Describe the varieties of Hemorrhoids.

What is commonly known as White Swelling of the Knee? Describe the Pathological changes that take place in its production.

Describe the difference between Concussion and Compression of the Brain.

Give the different varieties of Erysipelas, the distinguishing characteristics of each form, and their appropriate treatment.

OPERATIVE SURGERY—DR. LIZARS.

Describe the operations for Resection of the Shoulder Joint. State which you prefer, and your reasons for that preference.

Describe the operation of Paracentesis Thoracis, its site and dangers.

Describe the operation for removal of Superior Maxilla.

Describe the various Dislocations of the Hip Joint.

Describe the various methods of treating Fracture of the Patella.

SURGICAL PATHOLOGY—DR. FIELD.

Describe the Phenomena of Inflammation, and the transitions to it from Normal Nutrition.

Give the Degeneration of the Fibrinous, and also of the Corpuscular portion of Inflammatory Lymph.

Name the five modes by which the healing of open wounds are accomplished; and describe the process of repair of open wounds.

Show the points of resemblance between a Mammary Glandular Tumor, and Scirrhus of the Breast; also their distinguishing characteristics.

Give the distinctions between Innocent and Malignant Tumors, as regards Structure, Growth, Ulceration and Propagation.

MATERIA MEDICA—DR. TUCK.

Explain and illustrate by example the Specific Operations and the Elective Action of Medicine.

Give the Description, Action, Use, and Dose of the following:—Creasote, Santonine, Chloral Hydrate, and Tartar Emetic.

Give the British Pharmacopœal names and differential characters of Calomel, Corrosive Sublimate, and White Precipitate, with their respective Uses, Doses, and Modes of Administration.

For a case of general Dropsy, write a prescription in full, and state the reasons for the introduction of each ingredient used.

MIDWIFERY—Dr. BERGIN.

What are the signs of Pregnancy at the second, fourth, and eighth month of Utero Gestation? Is it always possible to pronounce positively at these periods as to the existence of Pregnancy?

Why does the occurrence of rigor in child-bed excite the fears of the Medical Attendant?

How are Puerperal Convulsions to be distinguished from Convulsions that are Hysterical, Epileptic, or Apoplectic?

Name the different varieties of Uterine Hemorrhage.

OPERATIVE MIDWIFERY—Dr. BERGIN.

What circumstances and conditions justify and necessitate the use of the forceps, and distinguish the cases calling for the employment of the long forceps from those that require the short?

What precautions should be taken before, during, and after the application of the forceps?

Is there more than one mode of Version? If so, describe such modes, and the reasons that compel the operation?

Why should labor be induced prematurely? And if resolved upon, at what period of Gestation, and how should it be accomplished?

When should the Cæsarian section be preferred to Craniotomy?

When is Craniotomy performed, and name the necessary instruments to perform the operation?

PHYSIOLOGY—Dr.————

Describe Nerve-Tissue, its varieties, and its several Functions.

Describe the Functions of the Pneumogastric and Sympathetic Nerves.

What are the forces which carry on the Circulation of the Blood?

What theories have been proposed to explain the generation of Animal Heat, and what are the objections to them?

What are the Changes in the Blood in the Placenta, and how are they effected ?

Describe the Nervous and Muscular forces by which Respiration is effected.

What are the Constitutents of the Blood, and how is it formed, tracing it from the Chyme, inwards ?

Describe the Functions of the Skin.

Describe the Functions of the several portions of the Alimentary Canal.

CHEMISTRY—Dr. SANGSTER.

Give briefly the two theories as to the nature of Electricity.

Describe the Composition, Preparation, and Properties of the compounds of Nitrogen with Oxygen, specially pointing out the relation between N_2 O_5 and the Nitrates, and N_2 O_3 and Nitrites.

Give Composition and Properties of Cyanogen and its Compounds.

Express by symbols the composition of the following Compounds:—Tartaric, Acetic, Nitric and Benzoic Acid, Grape Sugar, and Chloroform.

Describe the Chemical character and composition of the Fats, explaining briefly how they may be decomposed into their proxi. mate constituents. Give general Formula for the so-called Fatty Acids.

Describe the Chemical relations and characteristics of Urea and Uric Acid, and explain how they may be separated from Urine.

Give a brief synopsis of the Chemistry of the Vegetable Alkaloids.

PRACTICAL CHEMISTRY—Dr. SANGSTER.

Describe the mode of preparing Pot Iodate, Absolute Alcohol, and Pure HCL.

Give the group tests for bases, mentioning the principal Metals in each Group.

Give the distinguishing reactions by which you would recognise Salts of Copper, Lead, and Mercury.

What special reactions characterize Opium and Morphine, respectively ?

What impurities are more or less frequently met with in Commercial Potassium Iodide, Sulphate of Quinine, and Chloroform, and how would you detect their presence ?

MEDICAL JURISPRUDENCE—Dr. CAMPBELL.

Describe the appearances in Death by Drowning, and note the difference presented by the body entering the water before and after death.

Name several conditions attended with Insensibility, with brief characteristics of each.

State in days the average length of Pregnancy, the shortest period of Gestation compatible with Viability of Intant, and the most protracted with Legitimacy.

Distinguish between Live Birth as understood in Civil, and in Criminal Law.

Give the Signs in the Living and in the Dead of recent Abortion, at the Fourth Month.

Enumerate in their order the Personal Peculiarities most to be depended upon in cases of Disputed Identity.

Define Hallucination, Illusion, and Delusion, and under what circumstances they would warrant a Physician in signing a certificate for committal.

TOXICOLOGY—Dr. TEMPLE.

How are Poisons Classified? Give a few examples belonging to each class.

What are the Symptoms of Poisoning by Oxalic Acid? Give Treatment and Tests.

What are the Symptoms of Poisoning by Strychnine, and give Treatment?

What are the Symptoms of Poisoning by Opium, and give Treatment?

Describe the Symptoms and Treatment of Chronic Lead Poisoning?

SANITARY SCIENCE—Dr. CARSON.

What is the Annual Average of Death per Thousand in a Healthy Community?

What Diseases are likely to arise from Imperfect Drainage, from Deficient Nourishment, or Over-crowding?

What Cubic Space of Air should be allowed to each bed in a Hospital, and state the Diseases likely to be caused or greatly aggravated by Deficient Space?

Distinguish between Infectious and Contagious Diseases, with examples.

Describe Ozone, its nature, the modes of ascertaining the proportion in the Atmosphere, with the supposed effects fan excess or deficiency of it.

Define the term Endemic, Epidemic, and Enthetic, as applied to Diseases, with examples.

What kind of Impurities will Filtering remove from Water, and what remain unaffected by that process?

BOTANY—Dr. CORNELL.

Why is Physiological Botany the most essential department of the Science of Botany, for the Medical Student to understand?

What is the Organized Fabric or Tissue of Plants? And how is Vegetable Growth effected?

Describe the Minute Anatomy of the Leaf, the cause of Death, and Fall.

To what extent is the Plant covered by Epidermis.

What is Phyllotaxis; and how do you use the term?

Describe Infloresence, both Definite and Indefinite.

Describe minutely, the Food, Nutrition, and Elementary Composition of Plants.

Selected Articles.

THE TREATMENT OF HYPERPYREXIA BY THE WITHDRAWAL OF HEAT.

We recently directed attention to the treatment of hyperpyrexia by the withdrawal of heat, or perhaps we are more correct in saying by the application of cold; and it may be of service to again return to the subject. The great value of the cold bath as a therapeutic agent becomes more evident the more its adoption is extended; and the admirable paper contributed at a recent meeting of the Clinical Society by Dr. Hermann Weber, affords additional evidence of its success in those desperate cases of high temperature in acute rheumatism which now and then present themselves. Those who had opportunities of watching such cases will at once recognize the condition detailed elsewhere of Dr. Weber's patient before he was put into the bath, and will be ready to admit that, prior to the adoption of this form of treatment in such cases, that condition would have been rightly looked upon as a hopeless one. At the same meeting, Dr. Greenhow gave the details of a similar case, in which marked diminution of temperature and general improvement in the patient's condition followed the application of cold. In this as in most of the recorded cases, the temperature again rose; and before the treatment could be again applied the man died. Another case of acute rheumatism, in which the temperature rose to the very unusual height of 110 deg. Fahr., occurred last week in one of the London hospitals; and in this case also the application of cold water was about to be carried out when the patient died.

We mention these cases because they illustrate the chief points of importance to be remembered in practically carrying out this remedial agent; viz., immediate action on the part of the physician, careful watchfulness over the condition of the patient for some time after the desired reduction of the temperature, and the repetition of the treatment if the temperature again rise. In the first of the three cases which we have noticed the treatment was persistently carried out, with ultimate and and perfect success; in the second, the treatment by cold no less answered its purpose, so far as the urgent symptoms were concerned, but, unfortunately, was not continued when the temperature again rose; and in the last, the urgent symptoms were recognized too late, or developed themselves so rapidly that the patient died before the proper means for the reduction of the hyperpyrexia could be carried into effect. That a great and most dangerous rise of temperature will occasionally occur in cases of acute rheumatism within a period of even an hour, we can from personal experience testify; and Dr. A. P. Stewart described, several years ago, the details of a case which occurred in the Middlesex Hospital, and in which the patient, apparently well advanced in convalescence, and entirely free from joint-affection, showed a sudden elevation of temperature as high as 111 deg. Fahr., which was followed by death in less than two hours. But so rapidly fatal an issue has very rarely been met with, and its occasional occurrence does not materially alter our estimate of the very great practical value of the cold treatment in hyperpyrexia in acute rheumatism.

In previously directing attention to the subject of the treatment of pyrexia and hyperpyrexia by the external application of cold, we pointed out its wide applicability to the treatment of disease, and remarked on the gratifying results which had been obtained in a very large number of cases of typhoid fever and other affections by Liebermeister and others. We then advocated an extended trial in our hospitals of this plan of treatment' and we are glad to notice indications of its being widely adopted by hospital physicians, but scarcely earnestness commensurate with the advantages which we have every reason to believe, from the reported results of its application in Germany, follow its employment. In private practice it is as yet, we fear, not generally understood, and rarely practised.

If the experience of Dr. Wilson Fox, Dr. Weber, and others, be read intelligently, we can hardly fail to recognize the powerful means at our disposal for treating at least hyperpyrexia in acute rheumatism; and it cannot be questioned that we are bound by the evidence before us to adopt the practice thus recommended in hospital and private practice. The propriety of doing so is in many instances a question of life and death; and no fear, trouble, or obstructiveness of friends, should prevent our energetically carrying it out. We are equally bound to follow a similar course in hyperpyrexia in other diseases. No doubt there are many difficulties in the way of an extensive application of this method of treatment; they will be found most pressing in private practice, but they can be removed. When its practical application has been simplified, as it no doubt shortly will be, the use of cold as a therapeutic remedy will, we believe, occupy a most important position in medical, as it already does in surgical practice.—*British Medical Journal.*

◆

BILLROTH ON OVARIOTOMY.—This eminent surgeon, in his "Reminiscence," published in the *Wiener Med. Wochenschrift,* says of ovariotomy:

First of all, surgeons must dismiss from their minds that ovariotomy is a dangerous operation; and, through the medium of well-informed practitioners, this conviction must make its way with the public. After ovariotomy, skillfully performed according to the rules of art, recovery is the general rule, and a fatal issue the constantly diminishing exception. Comparing it with some other operations, ovariotomy, taking the mass of cases, is shown by statistics to be less dangerous than amputation of the thigh, disarticulation of the shoulder and hip-joints, or excision of the hip or knee. Its danger is about the same as that of amputation of the arm, excision of the shoulder, partial excision of the jaw, lithotomy in the young, and similar operations. We must, however, perform ovariotomy strictly according to the rules laid down by the English operators in their classical works; and only after having attained the same results should we venture to practically put into force our own ideas, in order to improve upon them. I had the good fortune to see Spencer Wells operate upon two complicated cases, and from them, as well as from oral communication with this remarkable man, I learned much. I constantly follow his precepts, knowing that he has long since thoroughly thought out and tested all that can happen to myself. I shall willingly regard myself during my lifetime as his scholar; and contented shall I be if it falls to my lot, by means of this operation, to snatch from certain death one half of the number of lives he has been enabled to save.

Up to the present time I am tolerably contented with my results. I give here a short account of them, in order to encourage the performance of these operations, and especially to inform the colleagues into whose hands these lines may fall that I have, personally, no reasons for supposing that the results attendant upon ovariotomy will be less cheering in Vienna than they are in London. Hitherto I have performed it nine times, and of these patients only two have died, giving, therefore, only a mortality of 22.2 per cent. The first four cases recovered one after another; then two fatal cases occurred, to be followed again by three recoveries. The first case is related in my Zurich "Chirurgische Klinik," and the second, third and forth cases in the "Chirurgische Klinik," published at Vienna in 1868.—*New York Medical Journal. Feb.* 1872.

FATAL SALIVATION FROM BICHLORIDE OF MERCURY.—In a case which is fully reported in the *Lancet* for September 16th, Dr. Meeres applied with a small camel's hair brush a strong alcoholic solution of corrosive sublimate—eighty grains to the ounce—to the head of a child affected with tinea tonsurans. The application gave rise to no pain at the time, but during the ride home, in an open dog-cart, the child suffered severely. Shortly afterwards vomiting and purging came on. Salivation, accompanied by much swelling of the parotid and submaxillary glands, was first observed on the evening of the day after the application, and continued until death took place, apparently from prostration, on the morning of the fifth day.

The verdict of the coroner's jury was "that death was caused by poison from the application of a very strong preparation of bichloride of mercury made to the head and neck by Dr. Meeres," and that "Dr. Meeres is very greatly to blame for having made the application."

The lotion applied was from a formula of Dr. Tilbury Fox, and has been used by him in a precisely similar manner in the same disease in very many instances, and the case is the first in which any untoward symptoms have been produced by it.—*Medical Times.*

TRACHEOTOMY.

Mr. John Wood, in a lecture delivered at King's College Hospital, and published in the *Lancet* of March 9th, describes the operation of laryngotomy as much more simple, less dangerous, and more quickly and readily performed, in case of impending suffocation, than any other upon the windpipe; and it is one which may be performed by almost any bystander with ready nerve, decision, and a tolerably sharp penknife. He prefers the crico-thyroid space, immediately below the projection of the thyroid cartilage called the "pomum Adami;" instead of the vertical incision an inch long, directed by the text books, Mr. Wood makes a single transverse cut across the lower part of the hollow depression felt by the finger just above the cricoid ring, through the skin and membrane at once right into the windpipe, and extended sufficiently laterally to introduce the tube.

The advantages which he claims for the transverse over the vertical incision are:—1st. That the throwing back of the head (as is usual in patients under a sense of suffocation) tends to close the latter, and thus interfere with inspiration, whilst, on the other hand, the same movement tends rather to open more freely a transverse incision. 2nd. The wound will remain open without a tube in many cases.

The tube, if used, should be broader in the transverse than in the vertical diameter, and shorter in the length between the shield and the curve than the one adapted for tracheotomy.

If the transverse incision is found to be too limited, it may be extended by a median vertical one downwards through the cricoid, or upwards through the thyroid, or both, as the exigency of the case may require.

The operations of tracheotomy are performed respectively above and below the isthmus of the thyroid body, the former being the preferable, as it involves the fewest dangers during and after the operation; trachea is more superficial, consequently more easily reached, and the nearer you get to the larynx, the steadier laterally does the trachea become and the easier to fix and penetrate.

A vertical incision about two inches in length in the median line of the neck is made, the sterno-hyoid and thyroid muscles exposed, and the areolar interval indicating the meeting of the latter cut through, and the muscle held aside; the fascia investing the thyroid gland and connecting it with the trachea is now seized and cut through horizontally; the end of the knife handle is then placed under the isthmus, and made to push it downwards, and at the same time to separate it sufficiently from the trachea, so as to permit of the division of the three upper rings. The fascia covering the fibro cartilage, or upper cartilaginous spaces, is seized as low down as possible, and a little on one side of the median line, with the hooked forceps, the teeth of which projecting well downwards will bite easily into its substance. The scalpel is then passed down, guided by the interval between the blades of the forceps and the wind-pipe punctured vertically, and the incision extended upwards as far as the cricoid cartilage, or even through it if sufficient room has not been obtained by the pushing down the thyroid isthmus.

At this stage the inexperienced operator is apt to lose his self-possession, and let go the trachea, but for the satisfactory conclusion of the operation the hold should be firmly retained until the outer part or spring sheath of the tube is introduced; the inner tube should not be introduced until some of the spasm consequent upon the operation have passed away.

In the lower operation, the primary incision should extend downwards nearly to the top of the sternum in a short neck whether infantile or adult.

The inferior thyroid veins should be torn rather than cut, and the inner tube introduced immediately, the pressure it exerts having the effect of arresting the hæmorrhage. Other dangers attend this operation, such as the contiguity of the left innominata vein and artery, the greater depth of the trachea, and its more mobile nature at the point to be operated on. In young children the size and high position of the thymus, and the small size and yielding nature of the walls of the trachea itself. In persons beyond the middle age, there is usually ossification of the tube, or other morbid change near the thyroid gland; in such cases it is advisable to be provided beforehand with a pair of strong cutting scissors or forceps.

Mr. Wood enumerates also several dangers which are secondary upon the lower operation, viz.,—infiltration of air into the anterior mediastinum and general sub-pleural tissue, or of blood or pus into these tissues; a progressive ulceration, arising from the constant friction of the tracheotomy tube in breathing, extending downwards from the shaft, or forwards from point of tube against the anterior wall of the trachea.

Another danger is the separation of the shaft of the trachea tube from the shield at the joint which unites them, permitting the shaft to slip entirely into the trachea. He quotes several cases of this kind, which have already been referred to in a late number of the DOCTOR. He thinks this accident is owing, in a great measure, to the shaft of the tube for the lower operation being much too short, and recommends that it should be an inch and a half in length from the shield to the culm of the curve, instead of barely half or three quarters of an inch, as is the case with the tubes at present in use.—(*The Doctor.*)

INCREASE OF HEART DISEASE.—An evil recognized is sometimes half cured; and the intellectual classes, looking at figures such as those which Dr. Quain has displayed in his interesting Lumleian Lectures at the College of Physicians on "Diseases of the Walls of the Heart," may well consider the propriety of attending to the hygiene of their lives, as well as of their houses; and remember that, to enjoy and benefit by even pure air, soil, and water, they must avoid disabling heart and brain by the incessant labors which too often make useful lives joyless, and embitter the harvesting of the crop which has been too diligently sown. These warning figures tell that, during the last twenty years, the total of deaths of males at all ages from heart disease, has increased in number from 5,746 in 1851 12,428 in 1870. The percentage of deaths from heart disease for 1,000 of population living was 755 between the years 1851 and 1856; it has risen to 1,085 from 1866 to 1870. This increase, it must be observed too, has taken place wholly in connection with the working years of actual social life. There is no change in the percentage of deaths from this cause in males under 25 years of age. Between 20 and 45 years of age it has risen from 553 to 709, and that almost exclusively in males, for there is almost no increase in the percentage of females dying from heart disease during the twenty-five years of life from 21 to 45. These figures convey their own lesson, and warn us to take a little more care not to kill ourselves for the sake of living.—*British Medical Journal.*

INSTRUMENT FOR THROWING SPRAY INTO THE MIDDLE EAR.

BY CHARLES E. HACKLEY, M.D.,
Surgeon to the New-York Eye and Ear Infirmary, &c., &c.

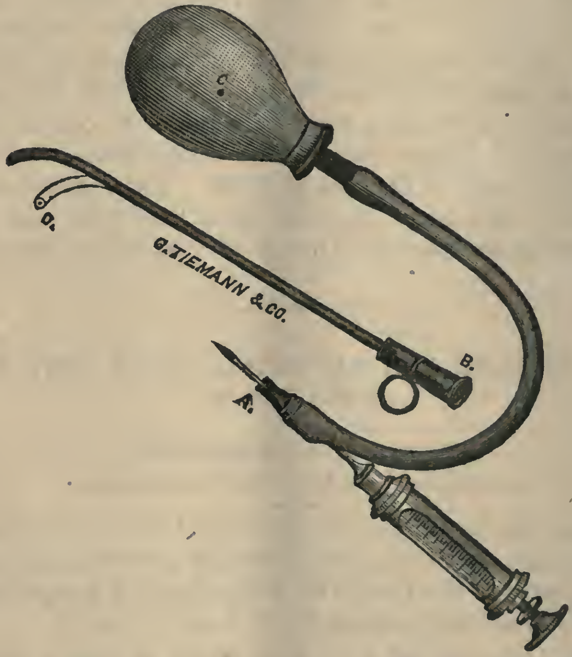
Since the discovery of the possibility of making applications to the middle ear through the Eustachian catheter, many aurists have resorted to this method of medication, and many different appliances have been devised for its accomplishment.

About six years ago I had a nebulizing apparatus made on the plan of Richardson's, but with a long nozzle in the shape of an Eustachian catheter, the bottle holding the liquid to be nebulized being very small. It was hoped that the spray produced would be forced into the middle ear; but I was never able to convince myself that this really occurred.

On the other hand, it was a matter of daily observation that the sudden impulse given by Politzer's method of inflating the ear, forced air through the Eustachian tube, and when the membrana tympani was ruptured, even through the external meatus.

Here was a hint on which Mr. Bishop, of London, acted, and devised his nebulizer for the Eustachian tube, which is figured in the translation of "Troltsch on the Ear." The translator remarks, "It is a very awkward instrument;" and adds, "I prefer one made similarly to Richardson's local anæsthesia apparatus.

An objection which might be made against Mr. Bishop's apparatus, in this country at least, is its cost.



For the past year I have been using his principle, differently applied. As the same principle may be used for throwing nebulized fluids into the posterior nares, larynx, &c., when only a momentary application may be interesting to those economically inclined. My apparatus consists of an air-bag, an Eustachian catheter, with a hard-rubber nozzle to fit in its mouth, a piece of rubber tubing, and a hypodermic syringe—all of which articles are in the possession of most surgeons paying any attention to ear diseases.

The nozzle of the air-bag is inserted into one end of the rubber tube, the tip to fit in the catheter being placed in the other end. The hypodermic syringe is filled with the liquid to be employed, then its point passed through the tube and out through the calibre of the hard-rubber tip for the catheter, as shown in the cut.

The mouth of the Eustachian catheter B being fitted over the hard-rubber tip A, and held there, if sudden pressure is made on the air-bag, while the piston of the syringe is forced home, the liquid will be thrown through the catheter in the form of spray.

In using this apparatus for the treatment of ear diseases, the catheter should be carefully introduced through the nose, and placed in position. Then, while the diagnostic tube is placed in the ear, the hard-rubber tip should be inserted in the catheter, and *air alone* forced through to determine whether the catheter be properly in position. If found to be so, the piston may be pressed on at the same time that air is forced through. During this experiment the catheter may be held in position by clamps for that purpose, or may be held by the fore and middle fingers of the left hand, while the thumb of the same hand presses on the piston, the other hand being used to work the air-bag.

It is well to have a small round opening made in the air-bag, as at C; while the air is being forced out this may be closed by the finger, which then being removed, the bag refills more readily than it would otherwise.

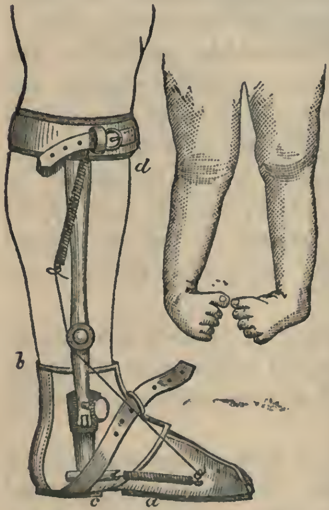
In passing, it may not be amiss to note a hint taken from Dr. Robert Watts, viz., the use of the ordinary air-bag instead of the double bulb for the nebulizer, when we do not desire a long-continued current. The fineness of the spray being in proportion to the pressure, other things being equal we may in this way obtain a much finer spray than by the ordinary double bulb apparatus.

In making applications to the posterior nares or larynx, &c., a catheter having the nozzle more curved, as at D, may be employed. This extra curve may readily be given by holding the instrument in hot water, and then bending it.

The bulb and tube of Davidson's syringe may replace the ordinary air-bag and the rubber tube. A very fair spray for a momentary application may be obtained by inserting the nozzle of the hypodermic syringe through the tube of Davidson's syringe, into the calibre of the nozzle, and compressing the bulb while driving home the piston. Davidson's syringe employed for this purpose should have a *large bulb.—Medical Record.*

IMPROVED CLUBFOOT APPARATUS FOR TALIPES VARUS.

The following is a description of a very neat, effective, and comparatively cheap apparatus for talipes, devised by Messrs. George Tremain & Co., Instrument Makers, New York.



The sole of this strong leather shoe is of metal, with a joint near the heel, allowing lateral motion. A strong and durable spiral spring, as shown in the cut (*a*), draws the foot outward by a constant, elastic, and easy traction. This pressure is increased or decreased at will, by fastening the spring in a series of sockets (*c*.) The single outside upright steel bar with joints at the ankle, is fastened round the limb below the knee-joint, and so constructed that the screw at the ankle-joint forces the foot flat upon the floor, which foot in almost all cases is turned under as indicated by the sketch. The spiral spring (*d*), being attached to a catgut cord (passing round a pulley at the centre of the bar and fastened near the toes upon the outside of the foot), elevates the toes and stretches the tendo Achillis, at the same time drawing the foot to its natural position.

The shoe is well padded, and as there is no metal in the heel-cap, no excoriation is occasioned. The contraction of the leather above the heel prevents the shoe from slipping off, (always so difficult to retain in fleshy infants). The straps round the instep depress any undue prominence of the arch of the foot, and within the shoe a broad and well padded tongue keeps the toes flat upon the sole of the shoe. This apparatus resembles much the regular shoe, and shows no deformed appearance. A very simple and light shoe to keep the foot in the same position gained by the above shoe during the day-time, is of much service. For talipes valgus the same principle, but with reversed action, is applied. In ordering the above shoe, the Surgeon should mention the form of talipes, the foot affected, when only one, and also give the following measurements. 1. Length of sole of foot. 2. Circumference of calf, (*d*). 3. Circumference of instep, (*c*). 4. Circumference of ball of foot, (*a*). Circumference above ankle, (*b*). 6. Length from sole to upper part of calf, (*d*).—*Ibid.*

HYDRATE OF BROMAL.

There is a valuable article by Dr. E. Steinauer, of Berlin, in the last lolume of "Virchow's Archiv," on the action of the hydrate of bromal on animals and on man. The experiments were made in the Berlin Pathological Institute, and were under the immediate observation of Libreich himself. The hydrate of bromal, according to the observations detailed, when administered, is converted by the alkalies of the blood into bromoform. But this change goes on slowly, for at the end of an hour and a half there was found in the blood, in addition to bromoform, still some undecomposed bromal. The symptoms produced by bromal on animals (frogs, rabbits, guinea-pigs) were first a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnœa and death, with or without convulsions. After large doses both in frogs and rabbits, the heart was found after death relaxed and distended—whereas, after smaller doses, it was contracted. In the former case there is probably direct paralysis of the heart by the bromoform, such as occurs after large doses of chloroform. The preliminary stage of restlessness, which has no equivalent after administration of chloral, is ascribed to the action of the bromal aldehyde itself, the decomposition occuring, as stated above, more slowly than is the case with chloral. The author observed a stage of restlessness, after a hypnotic dose of chloral, in a patient suffering under gout, and he ascribed this to the acid state of the blood preventing the usual decomposition into chloroform. With this view he administered alkalies to the patient, and after a few days the same dose of chloral produced the usual hypnotic effect. Proceeding from this he applied the same principle in his experiments with bromal. Having injected carbonate of soda subcutaneously in rabbits, he then injected the hydrate of bromal. and found that the stage of restlessness was entirely absent. The author has administered bromal to man in only a few cases. He has found good effects from it in epilepsy and in soothing the pains of tabes dorsalis. The method of administration which he has ultimately employed is, first, in the morning and at mid-day, in the evening, two to four pills, containing each from ½ to 1½ grains of bromal.—*Druggists' Medical Press and Circular.*

TREATMENT OF RETENTION OF URINE IN IMPERMEABLE STRICTURE OF THE URETHRA.—Dr. P. A. O'Connell, late Medical Director of the "Ninth Army Corps, U. S. Army" (*Lancet*, March 1, 1872), describes an expedient which he had recourse to after failing to pass a catheter, and which he has since found useful in other cases. "Having upon my office table an india-rubber hand-syringe consisting simply of a rubber pouch or ball, with a hard rubber stem to it, that I generally used as a part of Politzer's apparatus for inflating the middle ear, it occurred to me that it might be made use of as an exhauster,—a suction-instrument,—and that by this means, perhaps, the stream of water could be started. Acting upon this idea, I took a catheter of medium size, made a perforation in its extreme end, and passed it *down* to the stricture. Then, squeezing the rubber pouch so as to drive out the air, I connected it by means of a short piece of india-rubber tubing with the catheter already in the urethra, and allowing it to expand gently,—instructing the patient at the same time to make a gentle effort, *and only a gentle effort*, to pass his water,—I had the satisfaction of learning that the experiment had become a success, and that the man was relieved.

THE SYPHILIS-CORPUSCLES OF LOSTORFER.—We are informed that the committee of accomplished microscopists appointed from the Boston Society for Medical Observation to investigate the subject of syphilis-corpuscles in the blood have reported, as the unanimous result of their individual and independent researches, that their conclusions are negative; that the bodies described by Lostorfer as peculiar to syphilitic blood were found in the blood of syphilitic patients and of healthy persons as well; and that the so-called corpuscles appear to have their origin in certain physical or chemical changes to which the blood globules are subjected in the course of prolonged microscopic examination.—*Boston Med. and Surgical Journal.*

Iron a cause of Bronchocele.—For several years past Dr. Seitz has been convinced that chalybeates, so far from curing, increase goitre, and in the *Med. Central Zeit.* he expresses his opinion that the disease may be caused by iron whenever there is any predisposition to it or it has been known in the family. He relates cases in which, under the preparations of iron given to patients, the thyroid gland increased in size; but was diminished by iodide of potassium. "Similar results," says Seitz, "are to be seen in the glandular enlargements of scrofulous children." He conjectures that minute quantities of iron will be found in the water where goitre is epidemic, and that even iron pumps may be a source of the disease.

CASTOR OIL IN PREGNANCY AND CHILD-BED.—Perhaps no medicine is so generally resorted to as an aperient in pregnancy and in child-bed as Castor Oil. And yet it seems to us that it is one of the most unfit agents that can be selected. Repeatedly have we known labor prematurely induced by a dose of "Oil." We are inclined to think that it would have this effect in a majority of cases if exhibited within a month of full term; or at least that it would bring on pains similar to those of labor, and liable to be mistaken for labor. In fact, the ordinary griping of a dose of oil comes nearer to the pains of labor than the action of most other purgatives. After delivery it is habitually employed to restore the arrested peristaltic action. Here also the result is the restoration of after-pains. So deeply has our experience impressed us with this fact that we never prescribe it in child-bed unless where the patient prefers it to anything else. Nurses are entirely too officious in administering cathartics a day or two after confinement. They do this very generally without the consent or knowledge of the accoucheur. There is no need of so much haste. An enema may answer the purpose; or laxative food; and where they fail, a small dose of citrate of magnesia, or confection of senna, or anything that will barely establish the normal movement.

Another charge against castor oil is that it irritates the rectum and tends to produce hemorrhoids. Its irritating action on the mucous surface of the lower intestines is acknowledged by authors. This is the probable cause of its tendency to excite uterine pains. And this is the reason also why its operation is followed by constipation—which, by the way, constitutes another formidable objection to its use in the puerperal state.—*Pacific Med. and Surg. Journal.*

ANÆSTHESIA WITH CONSCIOUSNESS.—The *Lancet* says that "Dr. Richardson, the indefatigable laborer who, by the way, must have discovered a score or two of anæsthetics, aims at the discovery of an anæsthetic which shall destroy sensation for a very short time, and yet leave consciousness, will, and organic muscular power unaffected. This will indeed be a great discovery. It will give a curious direction to our attempts to differentiate mental qualities and the parts of the nervous centres in which they reside. Dr. Richardson's experiments, especially those with methylic ether, give proof that it is possible to remove pain without abolishing consciousness."

A NOBLE REPLY.—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not *time* to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time."

CHLORAL in cod-liver oil is said to render it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. The pure chloral-hydrate crystals may be added to cod-liver oil in the proportion of 10 grains of the former to 190 of the latter.

PERIODICAL HEADACHES.—Dr. Bradnock reports a method of treating periodical headache, which he claims to be original as well as effectual in curing the disease. He enumerates several of the symptoms, and claims that these all point to either active or passive congestion of the brain or its membranes.

The treatment divides itself into two parts—first, what is proper to be done during the attack ; second, what is proper in the interval. He claims that there is always constipation of the bowels, conseqently, if he begins treatment during the interval, he gives one or two of the following pills :

℞.—Mass hyd.
Ext. coloc. com.
Pulv. aloes soc. aa xi.
Pulv. ipecac, gr. vi.
M.—Ft. Pil., No. xij.

To be followed by one (1) drachm of sulphate of magnesia. Then he begins with three drops of liquor potassa arsenitis, to be taken in a drachm of water after each meal.

If the patient is delicate and complains of coldness of the extremities during the attacks, and frequent chilliness during the interval, he substitutes the following ;

℞—Liq. arsenicalis hydrochloric, ʒ ss.
Quiniæ disulphat, gr. xij.
Lig. ferri perchloride, ʒ ij.
Aquæ, ʒ vi.—M.

Sig.—One tablespoonful in a wine.glassful of water, twice a day, after meals.

Whichever one of these is given, it is to be interrupted once in three weeks, and the first prescription given.

When the attack begins he places the patient in a chair, with the head elevated, the feet in a hot mustard bath, the hands in warm water and a bag of ice on the head, if it can be borne, and gives the following prescription :

℞—Potasii bromid, ʒ vi.
Ammon, bromid, ℥ ij.
Potasii iodide, gr. vi.
Infus, columbo, f ℥ iij.—M.

Sig.—One teaspoonful in an ounce of water.

This treatment persevered in three or six months, he claims, will cure nearly every case.—*Buffalo Med. and Surg. Journal, Feb.* 1872.

On a New Method of Artificial Respiration without Tracheotomy.—Horvath, of Vienna (*Centralbl. Med. Wiss.*, No. 50, 1871), says that in all physiological experiments for the production and continuance of artificial respiration, until now, tracheotomy and the introduction of a T-shaped canula, etc. have been taken for granted. We thus see how closely artificial respiration has been connected with tracheotomy, and how little other methods for the continuance of artificial respiration without tracheotomy have been employed, although they have been long known and recognized as among the means of restoring animation. In the author's experiments with chilled animals he investigated, among other means, artificial respiration for the purpose of sustaining life, and also employed tracheotomy. In order, however, to obtain the isolated effects of cold upon the animals without any possible commingling of results, he sought a new method, and attempted to effect respiration by means of a catheter introduced into the trachea. After repeated experiments, the author hit upon a new method of producing artificial respiration without tracheotomy or any injury to the animals, and by this simple method to retain the animal alive. In one case in the country, in the absence of any of the necessary apparatus, he insufflated air simply by means of an air-bladder with a flexible tube inserted into the nasal passages. After each insufflation and consequent rising and sinking of the belly it appeared that the lungs distended themselves, and that artificial respiration could be thus effected. It was subsequently tried with success upon other animals.

The method is very simple, and is as follows: A short india-rubber tube, as thick as the finger, is connected by one end with the air-bladder and by the other is fixed upon the nasal openings so that the extremity of the tube as nearly as possible covers the nasal openings, and then the air is insufflated. The mouth at the same time is more or less open. The surplus air which does not reach the lungs escapes by the mouth, which thus provides against any possible rupture of the lungs.

The author further took a medium-sized rabbit, so fully curarized that it was entirely motionless, showed no reflex corneal sensibility, and the most powerful current through the ischiatic nerve produced no muscular contractions. Thereupon this plan of artificial respiration was employed, and it succeeded in retaining the animal in life with energetic cardiac contractions for fifty-four minutes. The same favorable results were obtained in a strongly-curarized dog for the space of one and one-third hours, and in a guinea-pig for twenty minutes.

All the animals were kept alive as long as the artificial respiration was employed, which was interrupted after from twenty to forty-five minutes because that time appeared sufficient to demonstrate the feasibility of the new experiment. Finally, as a proof of the deep curarization of the animals, they all died without convulsions.

In the absence of tubes of proper shape and size, the author used on one occasion a glass funnel, whose broad opening was then affixed to the nasal openings with the same effect upon the respiration.

It was observed in one case in a dead guinea-pig, that the cavity of the chest did not expand with strong insufflations, in proportion to the latter, and the alæ nasi, instead of distending as usual, collapsed. It appears, therefore, that neither the one change nor the other is needful in the process to make it universally feasible. As many cases are now known in which the induction of artificial respiration is the only remedy, and yet in the want of a physician or of suitable apparatus it cannot be resorted to, it is to be wished that this method will be used in human subjects.

The occurrences of a recent period, where, from the want of artificial respiration, persons have died in the presence of accomplished surgeons, or where the patients have paid with their lives for the momentary hesitation of the surgeon as to whether tracheotomy should be performed or not, or where the operation has been commenced on the living patient and has ended on the cadaver,—all these prove clearly the necessity for a good method of artificial respiration, and have induced the author to announce the results of his method.—*Medical Times.*

NEW PLAN OF DRESSING WOUNDS.—The Paris correspondent of the *Lancet* observes that the surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. It consists in introducing a quantity of cotton wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapped round and round with cotton wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on the following day, if necessary, so that there may be a mild compression, but the dressing remains undisturbed till the twentieth or twenty-fifth day, when on removing the packet of wadding a glassful of pus is found in the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amid the extraordinary mortality which has attended all the amputations done since the beginning of the German siege has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation in Paris in the surgical wards of the hospitals, and Professor Gosselin, of La Charite, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—(*Lancet and Observer.*

CLEFT PALATE.

In this case, admitted into King's College Hospital, there was a fissure of the whole of the soft and two-thirds of the hard palate of the young person. Sir. W. Ferguson performed the operation upon the soft palate in the manner which he himself first proposed, dividing the muscles of the soft palate previous to paring the edges of the cleft. Chloroform was administered, and a new form of gag used, which consisted of two grooved plates to fit the teeth of the upper and lower jaws, connected by a horse-shoe-shaped spring; this being placed on the teeth of one side of the mouth, was out of the way of the operator during his manipulations. Four sutures were employed to bring the edges of the soft palate accurately into opposition. The sutures were passed in the ordinary way; but an excellent plan is adopted by Sir. W. Ferguson, who to facilitate the adjustment of the sutures, used them of two different colors, passing sutures of the same color on the same side of the cleft, so that one color indicates those to be withdrawn and the other those to be retained. In his remarks after the operation, he referred to the use of choloform in these operations, and said that the danger of giving much was owing to the loss of sensitiveness of the upper part of the larynx, and the consequent trickling of blood down the trachea and bronchi without corresponding reflex attempts to prevent it. The fact that even after the administration of chloroform some irritation was produced in the larynx and about the palate by the blood, was the cause of the restlessness shown by the patient, but this diminished during the later stage of the operation, when the parts became more tolerant of the cause of excitement in them.—*Medical Times and Gazette.*

NEW TREATMENT OF PILES.

At the last meeting of the British Medical Association, Dr. Daniel Maclean, of Glasgow read a paper of great interest, published in the Association's *Journal.* After speaking of the pathology of hæmorrhoids, he says:

"Seeing, then, that all kinds of piles have necessarily a sac or cell with fluid contents, and that, so long as this sacculated condition continues, you have an abnormal condition of parts, with its accompanying suffering; and so long as the vessel or vessels are unable to perform their functions properly, from the continued injection of blood against the already over strained walls, the obvious mode of treatment is to support the weakened walls, and then empty the sac, as you would do in a case of hernial tumor, by a process analagous to the reduction by the taxis. This is a method of treatment not mentioned by authors, but which in my practice I have found eminently beneficial.

"Hæmorrhoids after parturition generally come on in patients who are of a soft, loose habit of body, or who are, at all events, flabby and relaxed in the perineal region. In treating them, I first get a free evacuation of the bowels by some aperient medicine; and when the effects of the medicine have passed off, I order the parts to be well fomented for a few hours, to relieve as much as possible the irritation and spasm of the parts. I then proceed to apply the taxis to the tumor. Taking a piece of soft, well oiled cloth, and grasping one of the tumors—if there be more than one—with two fingers and the thumb, thereby encircling the enlargement, and curving the fingers so that they cover the fundus of the pile, I proceed to press the tumor toward the mouth of the sac with a kneading motion, continuing for a little time until I find the swelling become gradually smaller under the manipulation, and there only remained the thickened integument and whatever effusion of serum may have taken place into the cellular tissue.

"In the beginning of the application of this process the pain is sometimes considerable; but as the tumor becomes emptied the pain decreases, and when it is fully reduced a great sensation of relief is experienced. The reduction of the first hæmorrhoid being complete, the same procedure is applied to the others in rotation; and, the whole being reduced, astringent lotions or ointments are applied to the part, and the operation is complete.

"We are now at liberty to proceed with the removal of the primary cause, if any exist, and there is usually some such cause in cases other than post-parturient. In these last, their acute origin is much more recent, and therefore much more easily reduced; but whatever the cause the method of treatment is still the same, and will be found of value.

"Looking to the pathology of hæmorrhoidal tumors, containing as they do a single sac, or a plurality of sacs, with fluid contents, the first principle of treatment is to empty the cavity of its fluid, remove all tension and irritation, and enable the tissues to resume their normal condition.

"In external and intero-external piles, there are—if not sufficiently early—besides the fluid contents, what I here called the results of the hæmorrhoidal condition, viz., the coagulated or semi-coagulated blood, the infiltrated cellular tissue, and the thickened integument. Having emptied the sac by the process mentioned, I continue the taxis to what remains of the tumor, either at that sitting or the one subsequent, and generally get quit of the static materials. What remains is removed by natural agency. It might be objected that the forcible propulsion of coagulated blood into the current of the circulation would give origin to the formation of an embolism in some distant part, and by that means act as a source of danger to the patient; but whatever force this objection may have theoretically it does not hold good in practice, as it might be expected to have shown its evil consequences in the course of two or three years during which time I have employed the plan. The same, or an analogous condition of parts, is seen in the veins surrounding a varicose ulcer. You have little knobs at different parts in the course of these vessels, which, from their solidity, size and shape, can only be coagulated blood obstructing the venous return, and and keeping up the congestion surrounding the ulcer. By applying the kneading process, and causing the patient occassionally to do the same, you gradually reduce the amount of hardness in the part, and ultimately remove the occluded state of the vessel, but in no case does the patient suffer afterward from embolia.

"In internal piles the application of the taxis is conducted in the same manner, but here it is necessary to cause the extrusion of the tumors, and this can be done, as in the removal of the ligature, by passing an injection of tepid water into the rectum, and then getting the patient to expel them by straining, when the same process is gone through as in external piles; and on the return of the bowels, we attend to the constitutional disorder; and give injections of astringent lotions, &c.

"When the internal variety of this tumor takes place in females who have had children, the reduction of the swelling may often be accomplished through the walls of the vagina, more especially if the parts are relaxed, which in the majority of women is the case."—*Med. and Surg. Reporter.*

WHEN IS A SMALL-POX CONVALESCENT SAFE TO HIS NEIGHBORS?

In the London *Lancet*, Dr. A. Collie, of the Homerton Fever Hospital, says:—

One important question may be here answered—viz., when a small-pox patient may be considered free of danger to his neighbors? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot give to another a contagious disease; for the question at issue is, when and how a person may be certainly recognized to be in a state of health. Now, you know the ordinary signs of health; a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, etc. When you find these conditions in a small-pox patient, he is in a state of health. But—and this "but" is very important—certain products of disease remain for an indefinite time attached to the body; these are scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of the hospital with a small pox scab or scale.—*Half-yearly Compendium of Medical Science.*

SITTING POSTURE IN CATHETERISM.

Mr. K. M. Sears, M. R. C. S., writes to the *Medical Press and Circular*, Oct. 18, 1871:

In cases of stricture, organic or otherwise, considerable time and patience are required both by the operator and the operated. Thus, a workingman after a heavy day's work will beg to be seated; he dreads the fatigue, the faintness and the muscular trembling produced by leaning during a length of time against a wall. Then one may have a corpulent patient suffering from hemiplegia accompanied by stricture, or an elderly patient with enlarged prostate. It may be inconvenient in these cases, from local circumstance, to lie upon a couch. The time occupied by the operation is commonly considerable, hence the temperature of the room, especially in the winter, is of importance. Under these circumstances I permit the patient to sit upon a chair in a semi-recumbent posture, with the nates close to the edge, and the knees widely divergent. This admits of any requisite manipulative process. In stricture, I have faith in prolonged sittings, at least in otherwise healthy country persons in the prime of life, to enable one *leisurely* to exert that steady pressure—gentle yet efficient—so familiar to the expert. The sitting posture answers admirably, and is superior to the upright, and I think also to the flat position. I am uninformed whether or not this method is advocated by either home or foreign surgeons.—*Compendium of Medical Science.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, MAY 1, 1872.

PROPOSED AMENDMENTS TO THE MEDICAL ACT.

In the March number of the LANCET we published the text of the proposed amendments to the Medical Act. We take the present opportunity to make a few comments upon them. In casually reading over the various clauses, one viz. clause 11, struck us as being very peculiar, and we should say wholly unnecesary. It is not very likely that men of mature judgment, once established in a particular faith would be disposed to avail themselves of the privilege here secured, and even granting that occasionally there might be some unsuccessful practitioner of a vacillating turn of mind, disposed to make a change with a view to establish a more favorable or lucrative position for himself, why should the door not be open to allow him to make choice of any particular school his fancy might suggest? It is a "poor rule that won't work both ways" and we see no reason why if any enactment of this kind is necessary and should not be more general in its character and permit of changes from any one system to that of any other that the candidate might think proper.

We are also inclined to think that clause seven places too much power in the hands of the Registrar. It would be much better to have the power of cancelling or erasing a name from the register vested in the council. As the clause reads at present the registrar has the power of erasing the name upon receipt of evidence which shall be satisfactory to *him*, of the falsity or fraudulent character of the entry, and the person so charged and whose name is thus erased has no right of appeal, no opportunity of proving the incorrectness of the charge preferred against him. We would like to see the wording of this clause modified in such a way as either to place this power in the hands of the Council, or to allow the person so charged to be dealt with by the ordinary process for misdeameanor, still reserving the right of the Council to order the erasure of his name from the register if found guilty.

There are also some omissions to which we would direct attention. In the first place the general meeting of the council should be fixed in Toronto. This would not only be more convenient for the majority of the members, but also less expensive to the Council as so many of the representatives reside here. Power should also be given to the council to enable them to purchase and hold property for the use of the college.

We also think that in all fairness and as a matter of justice a clause should be inserted to permit Canadian graduates who have received additional honors in England to become registered in Canada without passing the examination before the council The great object of the central examining board is to establish a uniform standard of examination and to see that no incompetent person shall receive the license to practice. What better guarantee can the Council have of professional attainments than the addition of one or other of these British Diplomas? Such a step would be equivalent to offering a premium of at least fifty dollars to any Canadian graduate who would thus further qualify himself for the practice of his profession. There is no argument that can be successfully brought to bear against the insertion of such a clause except a pecuniary one, but we trust that the Council may never be reduced to such an extremity. The act states that the professional examinations are to be held at Toronto *and* Kingston at the same time as examinations for matriculation of students. This requires amendment as it could not be literally carried out without the appointment of two Boards of Examiners and besides as Toronto will ultimately become the stated place for holding these examinations it would be as well to fix it definitely here.

There is another blot upon the Ontario Medical Act which should also be removed. We refer to clause 33, section 2, in which the matriculation examination in any college in any of the Provinces forming the Dominion other than Ontario is to be recognized by the council, while similar examinations in our own colleges are wholly ignored. This is most unfair and should be amended by enacting that all students shall pass the same matriculation examination without respect to territory.

SYPHILIS CORPUSCLES.

Prof. Lostorfer of Vienna, has been making some researches on the blood of syphilitic persons, which are at present attracting considerable attention among the medical profession. He commenced his researches in August, last year; his method of examination is to take a drop of blood, place it immediately between a slide and covering glass and then set the specimen under cover in a moist chamber to prevent evaporation. The specimen is examined from time to time. During the first two days nothing abnormal is seen, but, on the third day, small shining bodies are discovered which grow from day to day until they attain the size of red blood corpuscles. These sometimes presented projections, and multiplied themselves by gemmation. He was able from these appearances to separate specimens of syphilitic blood from non-syphilitic, and hence he has named these bodies syphilis-corpuscles. With reference to their number he has sometimes seen more than fifty under the field of the microscope, at other times fewer. He has not been able to determine whether these corpuscles were newly formed in syphilitic blood or whether their germs pre-existed in the blood and were only called into existence by the activity of the disease. He has also observed that the corpuscles diminished and finally disappeared in those patients who were placed under anti-syphilitic treatment.

These researches have been under discussion among the profession of Vienna for some time past, and at a late meeting, Prof. Wedl contested the accuracy of Dr. Lostorfer's deductions. Dr. Wedl stated that he had found these corpuscles in both syphilitic and healthy blood. He believed them to be oily corpuscles and this opinion was confirmed by observing particles of the same kind in some "mistura oleosa," examined under the microscope. The identity of these bodies with those described by Dr. Lostorfer has been called in question and the result has been the appointment of a committee to investigate the subject. In the meantime a writer in the *Cincinnati Lancet & Observer* comes forward and claims for Prof. Saulsbury of Ohio, the credit of having been the first to notice these structures. The observations of Prof. Saulsbury will be found in the Am. Journal of Medical Sciences, Jan. 1868, pp.17—25.

These discoverers strikingly agree in their descriptions of the physical appearances of these structures, "minute, bright corpuscles, some of them with projections," according to Prof. Lostorfer, "highly refractive spheroid bodies passing into filaments of the same character," according to Prof. Saulsbury. They differ widely in their nomenclature however, Lostorfer calls them "syphilis corpuscles," Saulsbury, "vegetable parasites or germs."

THE MEDICAL COUNCIL EXAMINATIONS.

It will, we think, strike most practical men who read over the questions which we publish elsewhere in the "Lancet" given at the recent examinations of the Council Board, in no less than eighteen different papers, that in some departments at least, there is far too much subdivision.

A practical and very thorough examination in practice of Physic for instance, might easily we think, like the usual course of Lectures delivered in most of our schools on that branch, embrace in addition to medicine proper, both Medical Diagnosis, and Medical Pathology, In truth an answer to a question requiring a description of any disease and its treatment, must be sadly imperfect unless the Pathology and Diagnosis of the affection be more or less fully given as well as its symptoms, prognosis and treatment—yet at the late examinations a distinct series of questions was given to the Students on each of the three parts of this one branch, one on "*Medicine*" another on "*Medical Pathology*" and a third on "*Medical Diagnosis.*" Separate Tickets certifying to attendance upon special courses of Lectures upon the two last named subdivisions are not required of students—as those upon practice of Medicine which all are compelled to attend are held to include all the subdivisions of this great subject.

With regard to Surgery, a similar arrangement was made, cutting it, surgeon like, into three parts, viz.:—"Surgery," "Operative Surgery," and "Surgical Pathology," requiring a separate paper upon each. Surely one good, well prepared paper, by one examiner would well suffice to test any student's knowledge of the entire field of Surgery.

Then we have midwifery dislocated, and one paper required on "Midwifery," and another on "Operative Midwifery,"–would a single series of questions on this branch not serve every purpose?

Thus in the instances which we have given (and we might extend the list) there are eight series of questions where three would be sufficient.

The examinations are in this way, as a whole, not only needlessly protracted, but made very much more expensive to the Council than they should be, for each examiner is paid so much per diem, in addition to his travelling expenses, so that the question has an economical, as well as a practical aspect.

The subject is well worthy of the consideration of the new Council, at its first meeting, and let us hope due attention will be given to it. A less numerous examining board and the avoidance of uselessly subdividing the several subjects of examination, would not only effect a large saving, but would make the Board more efficient and satisfactory in its workings.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.—The Examinations of this College, Primary and Final, were held at the Convocation Hall, Toronto University, commencing on the 3rd, and ending on the 12th ult. Seventy-six students underwent examination. The following is a complete list of those who passed the Primary and Final Examinations respectively: Primary—Duncan O. Alguire, Francis H. Armstrong, Milton T. Beeman, Wm. Blake, Robt. W. Bell, Wm. Caldwell, Oliver C. Edwards, Saram R. Ellison, John W. Gray, Edwin Gaviller, Henry Howitt, Wm. F. Jackson, E. Graves Kittson, C. Hy. Lavell, Thomas Millman, Henry T. Machell, W. McClure, James McDiarmid, Angus Nichol, David O'Brian, Jno. A. Stevenson, Adam H. Wright, Robt. C. Young.

Final:—Sidney L. Bates, James G. Baird, Wm. S. Boyle, L. C. Campbell, J. B. Crozier, John Clarke, Richard A. Clarke, R. A. Callighan, Chas. M. B. Cornell, Wm. L. Copeland, John Donaldson, John M. Dee, John R. Hamilton, William James, Edward Kidd, R. Kains, Thomas Lean, Logan M. More, Chas. W. Marlatt, Wm, G. Metcalf, John Byron Moran, John S. McCallum, Angus McKay, Peter McDonald, A. A. McLonald, Chas, McLellan, Henry Peterson, Hugh Ross, Samuel G. Rutherford, A. Scott, Lenard St. John. Geo. Steacy, Alex. Stewart, Thomas Jas. Tamblyn, Fred. H. Wright, Nelson Washington, Ebenezer Waugh, Adam D. Wagner, H. Wilkinson, Richard Zimmerman.

Five Candidates for primary examination were rejected, and nine were rejected in their final examination.

The following gentlemen successfully passed the Matriculation Examination held on the 2nd and 3rd ult :—F. Burt, M. L. Davis. W. J. Douglas, J. P. Egleston, W. Travers, F. Emerick, J. Trimble, J. Fulton, H. S. Washington, H. Hooper, G. Welsh, E. Jessop, H. G. Lackner, J. E. Langstaff, G. A. Marlatt, J-McAlpin, A McPhedrain, A. Robinson, S. J. Robinson, Fred. S. Snyder, Arch. Taylor.

TRINITY COLLEGE CONVOCATION.—On the 12th ult., a convocation for conferring the degree of Bachelor of Medicine, was held in the Convocation Hall at Trinity College. Among those present were Messrs Lewis Moffatt and S. B. Harman, Drs. Hodder, Hallowell, Geikie, Fulton, Kennedy, and Johnston, and the Rev. Drs. S. Givens, Ambrey and others, including a fair sprinkling of ladies.

The Rev. Provost Whittaker opened the proceedings with prayer, after which the following gentleman had the degree of M. B. conferred on them ;

Logan M. More, Gold Medalist ; Peter Macdonald, Silver Medalist ; Angus McKay, Hugh Ross, T. J. Tamblyn, George Steacy, Certificates of honor in Final Branches : Archibald Campbell, Adam Vrooman, Frank Duckinfield Astley, Samuel S. Stephenson, Charles W. Marlatt, Wm. S. Boyle, Thomas Lean, William James, Robert Kains, J. B. Moran, Cyrus R. Allison, Joseph Albright, Hugh Lang, Richard Ardagh Callighen, S. Wallis, Samuel George Rutherford.

The Dean of the Faculty then introduced Mr. Logan M. More, who was presented by the Vice-Chancellor with the Gold Medal, which bore the following inscription on the obverse surrounding the arms of the College,—*Collegium S. S. Trinitatis apud Torontonensis.* On the reverse, in the centre, were the words, "presented to Logan M. More, M. B." surrounding which was, " Faculty of Medicine, 1871, 72." The silver medal, which bore a similar inscription, was then presented to Mr. Peter McDonald, and certificates of honor in final branches to Messrs. A. McKay, H. Ross, T. J. Tamblyn, and J. G. Steacy.

A certificate of honour, after examination in the primary branches was awarded to Mr. Thomas Milman.

University of Toronto.—The following gentlemen have passed the Medical Examination of this University :—Degree of M. B.—R. Zimmerman, University and Starr Gold Medal. J. B. Crozier, University and Starr Silver Medal. F. L. Bates, W. Forrest, T. Lean, W. G. Medcalf, J. Morrison, A. A. McDonald, C. McLellan. W. McClure, H. Peterson, J. Robinson, A. Scott, H. Wilkinson, and F. H. Wright. Primary Examination—S. D. Hagle, Third Year Scholarship. M. J. Breeman, Second Year Scholarship. W. Britton, First Year Scholarship. J. S. Balmer, W. Ferrier, J. W. Gray, H. T. Machell, and A. H. Wright.

Medical Elections.—The County of Brant Medical Association has requested Dr. Lawrence, of Paris, to become a candidate for election to the Ontario Medical Council for the Erie and Niagara Division. Dr. Lawrence is widely known, and in every way well qualified for the post.

Dr. J. N. Agnew, of this city, is again a candidate for re-election to the Council, as the Representative of the Midland and York Division. His course during the past three years appears to have given very general satisfaction, and thus far we have not heard of any opposition.

We have not heard of any opposition to the Election of the following gentlemen :

Dr. Hyde	Malahide & Tecumseh
Covernton	Gore & Thames
Hamilton	Burlington & Home
McGill	Kings & Queens
Dewar	Newcastle & Trent
Day	Quinte & Cataraqui
Brouse	St. Lawrence & Eastern

The election will take place on the 12th of next month.

CORRESPONDENCE.

To the Editor of the LANCET.

SIR :—I send you the following report of a case of retention of urine, which may be interesting to some of your readers.

J. P———, aged 73, was taken with complete retention of urine, from a severe cold, taken while driving in the rain. He sent for a medical man, who tried to introduce a catheter, but failed. He then sent for me, a distance of 21 miles, when I got there I tried to pass a catheter, but found so many false passages I could not succeed—I put him in a warm bath—all to no purpose. He had been by this time nearly 36 hours without making a drop of water. I proposed to puncture the bladder, above the pubes, to which he readily assented. I passed the trocar into the bladder, and took away about three pints of dark muddy looking urine. I introduced a gum catheter through the canula, and left it in for five days. I then had a tube made of a piece of a female silver catheter, with a smooth shilling soldered on, (about three-eights of an inch from the end,) I withdrew the gum catheter and passed the silver tube in the place of it,and kept it in place with a strip of sticking plaster. He wore the tube for 10 weeks, after which he passed his water naturally. I removed the tube, touched the edges of the opening with Argent nitras ; it healed in three days, and for eight months he was better, and made his water more freely, and much better in every way than he had done for nine years previously. At the end of 8 months, he again took cold from getting his feet wet and sitting in a cold place. Retention of urine followed· He tried to introduce the catheter himself ; but could not succeed. He then sent for me. I found him in the same condition as before, and after several ineffectual efforts to pass the catheter, he insisted upon me to operate, which I did, in the same way as before. On this occasion he wore the tube only three weeks, and is now as well as usual.

Yours, &c.,
GEORGE SNYDER, M. D.

SHELBURNE, N. S.
April 30th, '72.

(To the Editor of the Lancet.)

SIR,—I see in your valuable journal for March, an article by Dr. Freel, of Markham, on " The Phenomena of Life Maintained and Controlled by Two Antagonistic Principles of Innervation."

I am to understand the first report of this most important scientific discovery was presented to the medical profession in April, 1871. Nearly a whole year has been allowed to elapse ere we have been favored with, I presume, this second portion. Why so long a silence, particularly in a case so vital and interesting to the medical world, I am at a loss to conjecture. Singularly enough, the highly educated and practical scientific medical men of the day don't appear to notice our phenomena subject. A challenge is modestly given to criticise, but the criticism is to be generous of course, by no means resembling his of the "Barbarous Treatment by a Midwife." In this barbarous instance, he says he had good reason to criticise, even to censure the course pursued by the medical attendants. He says turning is always formidable. A skilful accoucheur says No—if the peculiar position be understood—not at all formidable; but easily managed if done at the proper time. This formidable operation, in the authors own words involves a mortality to mothers of one in fourteen. From this geometrical statement we may very resonably infer that he has had considerable practice in that department when he is enabled to state so exactly the number. He tells us when and how delivery should be accomplished, the instruments to be used; reprobates chloroform under circumstances then existing, no *suaviter* criticism, surely for the absent man. The mother dies—had an opposite course been pursued, the mother had every probable chance to survive; the early getting up was merely reprehensible.

The Editor of the LANCET also comes in for a share of his criticism for presuming to allow "the productions of the several correspondents to go unchallenged and thus possibly in some instances to mislead the inexperienced," but he should in a moment of cool reflection remember that the Editor is no Dictator—No Hector, no Hercules—in no manner responsible for the productions or effusions of correspondents. His reticence is by no means an acquiesence in their correctness.

I come not out as a champion, I have no pretension to that dignity; but merely as an humble member of the profession; to assuage impatience in some degree at the unexpected silence of learned members, myself excepted, to make a few comments with good feeling on the great production before us. "The invented theories of the philosophers of every age tried to explain the animating principle. The phypothetic "Entity of Aristotle, the "Materia Vita" of Hunter and all intermediate shades of conjecture, aimed to explain vital action by some mysterious agent independent of organism itself," all failed. We expect now, naturally enough that the author of the illustrated phenomena of life in all its phases, will tell us where this vis vita is, what it is, where it resides, whence its sovereign ruling power? Is it a solid body, or a fluid, or æthereal? we want to know all about it. If not satisfied on this point, we can't help saying that not one atom of advance has been made from these theories of philosophers of old. The author emphatically states that this vis vita must be an inseparable part of the being; the compulsory word *must*, wont do; vis vita is still as yet undiscovered, unexplained. "What philosophers sought for in vain, and physiologists explored the system to discover, has been found in the simple arrangement of the two nervous systems admirably adapted to preside over organic functions,"—theory still. "The Author claims no greater merit than having possessed discernment enough to discover and gather up materials ready formed by the great masters, strewn broadcast over the pages of medical literature," which materials he brought together so completely as to resemble in structure, beauty and symmetry, the temple of Solomon, metaphorically speaking. Where are these materials so finely arranged? I have not heard nor do I know where to find them, the author an adept in physiological mechanism will be kind enough to tell me where I am to see them. "The experiments of Bernard prove to an absolute certainty the existence of an antagonistic law of innervation presiding over capillary function," this is the repetition of the theory of another man, more 'tis experimental. "Extirpation of the Superior cervical ganglion produces instantaneous congestion of the corresponding side of the face with consequent augmentation of temperature while the destruction of the fifth nerve induces ex-sanguination." Now the contrary is the plain fact, that where Congestion is, temperature is diminished in consequence. From cessation of the circulation of blood the same effect is produced from the destruction of the fifth cervical nerve. All anatomists and physiologists are aware that the whole human body is covered with a network of nerves into such general minuteness of distribution and extreme tenuity that the microscope fails to detect final termination. The whole nervous plexus is one unbroken system, no division of continuity, and those ganglia, called systems of centres are no more nor less than mere resting places (like Oases in the desert) for principal nerves in their course of distribution to communicate to the ganglion nerves, whatever new sensation they have received themselves to be conveyed by them to their respective destination.—The great sympathetic, when excited to extreme, sends up through its ascending branches to the sensorium, an impression telling as it were what frenzy of excitement rages in their whole system, the sensorium becoming oppressed with the general disorder and confusion loses its standard of equilibrium and delerium sets in. The original cause may be morbific matter, or destruction of one or more vital organs, or vessels. The author theoretically divides the nerves into two systems, each possessing very different degrees of susceptibility. If this were the case how could antagonism arise if no communication existed? the fallacy of this doctrine is manifest. Pray what has given rise to this antagonistic action or re-action as some call it in the nervous system? nothing more than mere change of susceptibility from excess or diminution of an exciting cause. We take the cause away if we know it, the effect disappears sooner or later. Our author also states that the "Doctrine that inflammation arises from the irritation of a stimulus" has melancholy to say "led to an error in practice fatal to millions." To be correct in this department he must have had very considerable practice, if not, surely he cannot state with precision and absolute accuracy.

The irritant experiment to the web of a frogs foot is finely delineated. The test application proves he says "contraction of the web vessels, and the surface becomes pale." If any effect by contact be produced discernible it should be retraction in the web, paleness will be the result of pressure in a relative point of view as in higher animals. "In our practice, says the author, as well as in that of our former associate Dr. Lloyd, every case of pleurisy when seen and treated in its incipient stage has been subdued within forty-eight hours by the administration of a powerful exaltant; while in that of a neighboring practitioner a regular Rip Van Winkle—poor fellow—he has had a long sleep—half a century—now having awoke swears, we may add solemnly—by the lancet as the *sine qua non* of successful treatment, patients bled ad deliquium lie *in articulo mortis* and unfortunately too often succumb to the concurrent depression of art and nature." This lash is intended for those who advocate the lancet, these advocates are legion but not ad deliquium. Poor Rip Van Winkle has not as yet recovered his senses from his half century sleep; pray what must have been the practice of our author, before his late discovery? he forgot to tell us, he does not say after what manner he and his associate, Dr. Lloyd treated inflammation of the pleura in its advanced stage. Again "a satellite of this great orb of past ages, bled a man who had sank into insensibility in a church, till the patient actually expired under the operation." There must have been great alarm amongst the congregation What a headstrong tenacity to old prejudices, some practitioners evince that they absolutely refuse to investigate any new principle. Such tenacity is rather to be deplored. "We have had here the case of a blacksmith who had injured the palm of his hand, the whole extremity in a few hours became very much swollen, reddened and excruciatingly painful; we ordered, pulvis opii grs. VI, to be taken at once; two 4th year students, watched the progress of the case; he soon became narcotized, remained in a state of semi-consciousness for 8 hours, (exactly,) when he awoke the arm appeared perfectly ex-sanguinated, nor did the inflammation ever re-appear in the least."—Striking and convincing proof of the character of inflammation and of the nature of the counter-acting agent, required; well we too in classic form, say the dose was very large, large indeed, particularly as it is generally known that two grains of the pulv. opii to the unaccustomed, often proves fatal; by the bye, such a dose might have ended with a Rip Van Winkle result. We don't wonder that the nerves were put asleep, they of course lost their energy. Had the excitement got up a little higher, the dose must have been increased proportionally, then if so I fear the means would not justify the end. "We (the author) offer with great diffidence to the profession these proofs of the existence of a general law which animates and controls vital action." Some green-eyed fellow might say, the word diffidence is not in the right place, assurance is a more appropriate word. As there is no champion just now, ready to couch his lance in defence of the doctrine, "*Similia Similibus Curantur*," the author may sit down on his couch and enjoy with philanthropic feeling, his

OTIUM CUM DIGNITATE.

MEDICAL JOURNALS WANTED.

We have just received the following communication from the Surgeon General's Office, War Department, Washington, which we place before our readers. If there are any who have copies of these publications, which they would be willing to part with, they will please send them to the LANCET office, with bill enclosed, and we will forward them and make the collection.

To the Editor of the LANCET:

SIR:—I enclose a list of desiderata in Medical Journals, hoping that you will give such aid in obtaining them as lays in your power. If complete volumes cannot be had, odd volumes will be very acceptable. I am willing to purchase or to exchange publications of this office, or Photo.Micrographs for them. This library is now the largest Medical Library in the country, and it is desired to make it absolutely complete in American Medical Literature. These Journals can only be obtained from physicians, who may be willing to part with them in view of the object for which they are desired. Will you please call the attention of physicians in Toronto to these lists, and forward to me anything that may be obtained.

The British American Journal of Medicine and Physical Science.— Edited by Dr. Hall and MacDonell. Montreal.

Wanted—Nos, 1, 2, 3, 6, 8, 9, 10, 14, of Vol. I (1845-46.) No. 11 of Vol. II. Vols. IV, V. No. 10 of Vol. VI. Nos, 1, 3. 10, 11, 12 of Vol. VII, and all subsequent.

The Canada Medical Journal. Edited by R. L. MacDonell and A. H. Davis, Montreal, Commenced 1852.

Wanted—All.

Montreal Gazette. Edited by Dr. Sutherland, Montreal. Commenced 1844.

Wanted—All.

The Quebec Medical Journal. Edited by Xavies Tessier. Quebec. 1826.

Wanted—All.

Upper Canada Journal. Toronto, Canada.

Wanted—All.

The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by Wm. Wright and D. C. McCallum.

Wanted—Vol. 1 (1853-54,) Vol. II, (except No. 12.) Vol. III. Vol. IV, (except Nos. 3, 12,) and all subsequent.

Yours respectfully,

J. BILLINGS.

Assistant Surgeon, U. S. A.

NOTES AND COMMENTS.

Nitrate of Amyl In Epilepsy.—Dr. Mitchell, in the *Medical Times*, recommends the inhalation of Nitrate of amyl to arrest the paroxysms. The attacks are not only cut short, but are lessened in frequency. No evil effect has resulted from the use of the drug, but on the contrary, the patients condition is improved, mentally and physically. He administers it by putting three or four drops in a small phial, and directing the patient to place it under the nostril and inhale the vapor.

Meeting of the American Medical Association. — The 23rd annual session will be held in Philadelphia, Pa., May 7th, 1871, at 11 a.m.

W. B. ATKINSON, Sec.
1400 Pine St., Phila.

Dr. Burrows, has been re-elected president of the Royal College of Physicians, London.

Hematemesis.—Mr. Charles Stewart reports a case of hematemesis, in the Edinburgh *Medical Journal*, in which ergotine was successful, after the failure of the ordinary remedies, such as ice turpentine, &c. He injected about three grains of ergotine in solution in water, with a small proportion of spirit beneath the skin, covering the deltoid muscle, after which the hemorrhage immediately ceased. The above case would seem to show the great power ôf the hypodermic use of ergotine in arresting vascular hemorrhage, and is worthy of a more extended trial.

Appointment.—Peter McDonald, of the Town of Simcoe, Esquire, M.D., to be an Associate Coroner. within and for the County of Norfolk.

SUBSCRIBERS IN ARREAR.

We beg leave to intimate that during the course of the present month, we will draw upon those subscribers who are still in arrear for the past year, through the agency of the Express Company. Our readers are aware that we have, some time since, adopted the cash in advance system, and have been successful beyond our most sanguine expectations. A few are still in arrear and we trust they will give this matter their kind pue considerate attention.

TAXIS IN HERNIA.—Dr. Le Gros Clark surgeon to St. Thomas Hospital writes to the British Medical Journal of April 18th, 1872, in reference to an article which appeared on the above subject in the issue of the 10th of February, and which was copied into the last number of the CANADA LANCET, strongly deprecating such practice, as being very dangerous and altogether opposed to sound practice. He believes that much mischief may be done by violent attempts to reduce strangulated hernia and strongly advocates gentleness in the operation of taxis and an early resort to herniotomy if the former fails.

CEREBRO-SPINAL MENINGITIS.—We learn from the Buffalo *Medical and Surgical Journal*, that an epidemic outbreak ot this disease, sometimes known as " spotted fever," has made its appearance in Buffalo during the past winter and continues with unabated frequency .The health officer's report for March shows thirty deaths from this disease alone, although the death rate is not as great as has occurred in many other places where it has prevailed epidemically. The cause of the prevalence of this disease is not well understood. Dr. B, W. Richardson's suggestion that it may be due to the consumption of diseased grain after the manner of ergotism, is worthy of consideration. The *treatment* which has been most effectual consists in the application of cold to the head and spine, by means of ice bags, hot applications to the extremities and the internal administration of opium or morphine, carefully watched. Quinine has been found useful in aborting the attack when given early. Ergot and belladonna have also been used in combination, but with equivocal benefit. The general treatment consists in the use of the hot bath, generous and nutritious diet, and the use of stimulants when necessary.

BOOK NOTICES.

EARTH AS A TOPICAL APPLICATION IN SURGERY,—By Addinell Hewson, M. D., Surgeon to the Pennsylvania Hospital. Philadelphia: Lindsay & Blakiston. Toronto: Adam Stevenson & Co.

The author gives a record of about ninety cases that have been treated by the topical application of earth. The earth used is clayey subsoil, obtained from deep diggings, well dried and sifted, entirely free from all sand, grit, or foreign matter. The wound is first covered with waxed paper or gauze and collodion, and then a layer of clay, and over this a roller bandage. The author claims that the earth is not only a disinfectant, but also has a soothing and cooling effect when thus applied to the wound and the healing process takes place more kindly and rapidly.

MANUAL ON DISEASES OF THE EAR, by Laurence Turnbull, M.D., Physician to the Howard Hospital of Philadelphia. Philadelphia: J. B. Lippincott & Co. Toronto; Adam, Stevenson & Co. pp. 486.

The above volume is illustrated with one large colored lithographic plate, showing the anatomy of the ear, and over one hundred illustrations on wood, representing the various instruments employed in aural surgery. The aim of the author has been to make the work practically useful, and to lay down the fundamental principles which should be the practitioner's guide in diagnosis and successful treatment. The subject is presented in such a manner that any well educated physician might, with the aid of this volume, treat satisfactorily any of the diseases of this important organ. The work deserves well of the profession, and will no doubt, sooner or later, find a place in every reading man's library.

CONCENTRATED ORGANIC MEDICINES, by Grover Coe, M.D. 8vo., pp. 446. Price $1.25. New York: Keith & Co.

This volume comprises a practical exposition of the properties and uses of the active principles of medicinal plants—foreign and indigenous. It also contains a brief history of crude organic remedies, constituents of plants, concentrated medicines, officicinal preparations, &c. Send for a copy, or order through your bookseller.

INSUFFICIENT VACCINATION. By William Henry Cumming, Atlanta, Georgia, (late of Toronto). Reprinted from the *Atlanta Medical and SurgicalJournal.*

This is a pamphlet which is well worthy the serious consideration of the medical profession. The author shows most conclusively, from statistics, that four or five genuine vaccine vesicles are necessary to complete and successful vaccination.

THE

CANADA LANCET,

MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. JUNE, 1872. No. 10.

Original Communications.

CASES OF OVARIOTOMY.

BY EDWARD M. HODDER, M.D., C.M., F.R.C.S. ENGLAND; FELLOW OF THE OBSTETRICAL SOCIETY OF LONDON; PROFESSOR OF OBSTETRICS, TRINITY COLLEGE, TORONTO; HON. MEMBER, NEW BRUNSWICK MEDICAL SOCIETY; CONSULTING PHYSICIAN AND SURGEON, TORONTO GENERAL HOSPITAL, BURNSIDE LYING-IN HOSPITAL, &c., &c., &c.

(Continued from p. 110, No. 3, Vol. 4.)

Case 8. Mrs. W. æt 32; fair complexion and healthy appearance, was married about three and a half years ago. She has two children; the eldest twenty-seven months old, the youngest thirteen months, both living and healthy.

In December, 1866, she first had an attack of pain in the left ovarian region, which was supposed to be of an inflammatory character, and treated accordingly. This pain lasted for three days in a severe form, gradually subsiding altogether in about a week. She has had several attacks since, but none so severe.

About twelve months ago, a Tumour about the size of a goose egg, was discovered low down in the left hypogastric region, painful only under heavy pressure, or when the attacks of pain came on. On these occasions the tumour increased much in size, and again subsided as the pain went away. The usual application was a mustard plaster and some ordinary sedative. Within the last year she has had three or four of these attacks, and five months ago she was obliged to wean the baby in consequence of the severity of her sufferings. With the exception of these attacks of pain she enjoys good health, although she has gradually lost flesh and strength. Her appetite continues good, she sleeps well, and the catamenia continue regular. The abdomen is not very much enlarged, being about the size it is at full term, measuring thirty-five inches round the umbilicus and thirty-four above the pubes, and one and a half more on left side from ant. sup. spinous process of ilium to umbilicus, than on the right. Two or three cysts appear to be enlarging rapidly, fluctuation being perceptible in them. Since Christmas it has grown rapidly, for at that period it did not reach the umbilicus, whereas, it is now nearly as high as the ensiform cartilage. There is no doubt as to its being a multilocular ovarian tumour, three distinct cysts existing, besides numerous small and hard ones. It can easily be moved from side to side, showing but few, if any attachments. The uterus is normal, being very slightly larger than in the virgin state, and no pain is experienced in making the necessary examinations.

Thursday, April 30th, 1868.

A consultation having been called and an unanimous opinion given in favour of an operation by Drs. Beaumont and Bovell; in the presence of Drs. McKinnon and Baker, Army Medical Staff, and Drs. Agnew and Phillips, the operation was performed. Chloroform was given by Dr. Bovell, and she came easily under the influence of it. An incision about six inches long was made a little to the left of the linea alba, between the pubes and umbilicus, the peritoneum opened, and the whitish glistening tumour brought into view. It was, as suspected, multilocular, two very large cysts forming the bulk of the mass, while innumberable small cysts from the size of a pea to that of a walnut, gave the feeling above described. The largest cysts were tapped and several quarts of very viscid tenacious greenish fluid, as thick as honey flowed away. This fluid was glistening with cholesterine. After the reduction in bulk by the emptying of the two large cysts, I was enabled to withdraw the rest of the tumour external to the abdomen. The attachments were few but strong, none of recent date, and principally to the omentum. The peduncle was long, the veins large and turgid, and not having one of Spencer Well's Clamps, I determined to secure it by the double whip-cord ligature, the ends being brought out at the lower angle of the wound and transfixed by a long needle which was passed through the whole of the abdominal walls. Two other long needles were also used, and several points of interrupted suture; long strips of adhesive plaster, and a flannel bandage completed the dressings.

Nothing of moment occurred during the operation; she rallied well, but complained more of pain in the back, and situation of the peduncle than is usual after these operations. Before the operation the pulse was rapid, an hour afterwards it had fallen to 80, but rose again in the evening to 112—and vomiting also took place. One grain of opium was given and ordered to be repeated until sleep was induced or the pain relieved.

May 1st, 1868, 7.30 a.m.—She passed a restless night from the pain in the back and lower parts of the wound, both of which have now passed away and she feels comfortable; pulse 104, soft; skin moist; tongue whitish; and urine secreted in good and normal quantities. 10 p.m. The opium caused vomiting and was consequently omitted, the stomach is now comfortable, she has no pain, is cheerful, and inclined to talk—I injected a quarter of a grain of morphine subcutaneously.

May 2nd, 8 a.m. She passed a good night, sleeping about seven hours, but now complained of griping pains flying from place to place, with general tenderness of the abdomen and slight tympanitis. Her countenance is good; skin moist; pulse 100 soft; respirations not increased; urine secreted in healthy quantities and she feels no pain when the griping passes away. To have one grain of opium immediately and repeated in an hour, and Turpentine Mix, in mucilage occasionally.

May 2nd, noon.—The opium caused vomiting again, but was used because the syringe was not at hand. She is quite free from pain; pulse 94; skin moist; and she is cheerful.

10 p.m. Quite easy and feels inclined to sleep. There has been a quantity of dark coffee-ground looking discharge from the uterus all day.

May 3rd, a. m. Has passed a very good night; no pain; pulse 92; tongue clean; feels hungry and wants more solid food; wound healed; discharge still continues from the uterus. To have a little chicken for dinner. 10 p.m. Slight headache, otherwise well.

May 4, 9 a.m. Doing well in every respect. 5 p.m. On visiting her this afternoon, I saw a very marked change; her countenance was sunken and haggard; pulse quick and small; respirations hurried; and she complained of pain low down on the right side. On examining the abdomen a tumour the size of an orange could be distinctly felt in the situation of the right ovary, and very tender to the touch; but the wound looked well, and there was no tenderness in the situation of the peduncle. It was difficult to account for this sudden change, for after the removal of the tumour, I invariably examine the opposite ovary, and in this instance Dr. Beaumont examined it also. It was found to be quite healthy in size and appearance. On investigation, I found that about two or three hours before my visit something had annoyed her and she got into a violent passion, in fact it was described to me by two ladies who were present, as a perfect fit of phrensy, being much too violent for ordinary ill temper. During the paroxysm she rose from her bed, commenced to dress, declared she would not remain an hour longer in the house, foamed at the mouth, her face became livid, and after about half an hour of this furious excitement, she fell back in the bed exhausted. Fearing the worst consequences, I put her at once on large doses of Bromide of Potassium and applied turpentine to the right side of the abdomen, and at night I found her calm and quiet, and with the exception of the tumour, nearly as well as she was in the morning.

May 5th. Passed a quiet night and feels well; but weaker than she did; wound healed; and as she was calm and quiet, I removed the long needles, the ligatures remaining at the lower part of the wound. To have wine and more nourishment.

May 7th. She is cheerful and happy; the pain and tenderness of the right ovary passing away; the points of suture were removed to day, and all doing well.

May 9th. Another fit of phrensy! on visiting her at noon I found her dressed and ready to leave the house, with bonnet, cloak, etc., on, and a carriage had been sent for. Remonstrance was of no avail; she would not listen to reason, and shortly afterwards she drove a mile, to a new place of residence. In the evening I found her none the worse; but fatigued, and cautioned her against these vagaries.

May 10th. She feels well and more contented with her new home. Bowels moved two or three times without medicine; not a bad symptom.

May 18th. Off again to a new abode, a mile in another direction. Since last report everything has gone on well and she has gained much strength. The pain has entirely left the right ovary, and it is decreasing in size, ligatures still firm and wound entirely healed except at the lower angle.

May 25th. Since her last move she has had a drive or a walk daily, her general health is very good and she returns home today in good health and spirits.

August 4th. As the ligatures had not come away, and taking a great interest in my little patient, I visited her at her own house. She was quite well in health, active and cheerful, but as the ligatures had not separated she feared that something was wrong. On examination I found one quite free and it came away without any force, but the other was still firm and gave great pain when pulled. It, however, came away two days afterwards, or ninty-six days after the operation. The right ovary had increased in size since she had left Toronto, being about the size of the fist; not painful; very moveable; and giving her no inconvenience. She menstruates regularly both as to time and quantity, and she considers herself as well as ever.

Remarks.—She still continues to take the Bromide. Some months afterwards I met her husband who told me that the right ovarian tumour had entirely disappeared and she was quite well.

In September, 1869, I received a letter from Mrs. W. in which she says, "when I was in Toronto I suspected only, but now I am convinced, that I am in the family way," and in the February following (1870) Mr. W. writes, "at my wife's request I have to inform you, that on the 5th inst., she was safely delivered of a healthy boy." She made a good recovery and nursed her child for thirteen months.

The tardy separation of the ligatures, left as it were, an opening through the abdominal parietes, covered only by the integument, and the distention of the abdominal walls by the gravid uterus, so increased the size of the opening that after her confinement, a large hernia existed. It was generally easily reduced and gave her little inconvenience, as a well adjusted bandage usually gave her support and comfort.

In April 1871, however, it became strangulated, and was returned with great difficulty.

Case 9.—Mrs. W. the subject of the last case, wrote to me a few weeks ago, saying that the right ovary had again taken on rapid growth, and that she was coming to Toronto to consult me.

June 20th 1871,—On making a careful examination to day, I found the right ovary increased to the size of a child's head, very moveable and not painful. She states that during the time she was nursing she never enjoyed better health, and that she was not aware of the existence of the tumour, but in February last, when the child was a year old it began to enlarge, and after the child was weaned in March, it increased very rapidly. It was multilocular, one cyst only taking on rapid development. In consultation with Drs. Beaumont and Bethune, the operation was decided upon, and fixed for the 24th inst.

June 24th.—Chloroform having been given, an incision about two inches in length was made near the linea alba, and the peritoneal cavity opened. I had determined to try a radical cure for the hernia while removing the ovarian tumour, therefore, after opening the abdomen I continued the incision until I came within an inch of the thinned integument which formed the hernial sac, I then made an elliptical incision on each side, including the thin covering of the hernia, and brought the two cuts again into one just above the pubes. In this way I removed the whole of the sac, and was enabled to bring the cut surfaces of the recti and pyriform muscles into close contact. The bulk of the tumour consisted of one large cyst, which was tapped, and a quantity of dark brownish viscid fluid flowed away; the rest was made up of numerous small cysts. There were only two adhesions to the omentum, which were easily separated, and the pedicle was secured by the clamp.

10 p.m.—She is quite easy, and doing well.

June 25th.—Passed a comfortable night; pulse 101; no pain or uneasiness.

June 26th.—Severe pain came on in the night, confined to one small spot, about midway between ant. sup. spine of Ilium and the pubes, and extending down the thigh, but not felt one inch on either side of the above named spot, neither is there tenderness.

It is intermittent, coming on at about 9 a.m., and leaving towards nightfall; she has had similar pains for two months past; pulse 92, soft; skin cool; no tenderness. To have Pulv. Opii. gr. I. immediately, and at bed time.

June 27th, 8 a.m.—She was relieved by the opium, but it was followed by sickness and head-ache. The pain returned at 10 a.m., and became very severe, continuing all day, and leaving her at night; pulse 96; no fever; nausea, and disinclination for food.

The catamenia came on, as freely and naturally as usual; wound uniting well; no suppuration. Morphia Sulph. ¼ gr. was injected at night, but it caused vomiting and loathing of food.

June 28th.—She passed an uneasy night, and, in anticipation of a return of pain, I injected $\frac{1}{60}$ gr. of Atropine, but it produced the same effect as morphine, and did not retard the return of the severe pain. There was little sleep during the night, and her head felt uncomfortable. The catamenia continued regular, and the bowels were inclined to act naturally; there was no tympanitis or pain in the abdomen generally, still this painful spot existed—pulse 90, soft; skin moist; no appetite. Ordered an injection per rectum of 1 drachm of Tr. Opii. at bed time.

June 29th.—Pain gone; she slept well, and feels comfortable; the bowels have acted, and the catamenia continues; pulse 96, and tongue clean. I removed all the dressings and found the wound healed, and the clamp firm. Adhesive plaster was again applied with a bandage. As she had no appetite, and the pulse was feeble, I ordered 1 ounce of wine, with a chop or fresh fish, &c.

June 30th.—She slept well; pain gone; no relish for food; catamenia nearly gone; she feels weak; pulse 94, tongue slightly furred in the centre, and the wine turns sour. To substitute brandy for wine.

July 1st.—She feels much better; slept well; appetite returning; passed water twice without the catheter, and she is cheerful.

July 5th.—She continued steadily to improve until this morning, when she was attacked with a sudden and most severe attack of inflammation of the left parotid. The symptoms were most acute, nothing appeared to relieve, and suppuration took place. An opening was made the moment matter was detected, yet the symptoms did not abate, and her sufferings were severe. In this state she continued until the 10th July, when the pain gradually passed away, and she was left in a weak and debilitated condition. Being unable to masticate, she was fed on beef tea, &c., &c.

There was complete paralysis of the facial nerve from pressure, and consequently the features were drawn to the opposite side.

The clamp was removed to-day, and the wound soon granulated.

July 10th.—The pain in the parotid has gradually passed away, yet, she cannot open her mouth, and is consequently obliged to feed on broth, beef tea, and other slops. The paralysis continues. She continued gradually to improve and gain strength until the end of the month, when she returned to her own home.

On the 21st August, 1871, I received a letter from my patient, in which she says: "I feel quite well and strong, I enjoy my meals, and in fact seem wonderfully well;" and in the following October she writes again, saying, that the swelling in the face has gone down, but the jaw remains stiff, and concludes her letter by telling me that she is quite well, except the stiffness of the jaw, and that she has not had an ache or pain since she left Toronto.

Remarks.—The records of Ovariotomy contain but few cases in which the operation has been twice performed, and still fewer in which it was successful in both. In the two cases now published, many adverse circumstances took place, and had it not been for the indomitable courage of my little patient, I think the result might have been different. During the first operation she changed her lodgings within a week of the operation, and again before the ligatures came away. She also returned home, a distance of nearly one hundred miles, the ligatures being still attached to the peduncle, and from which they did not come away for upwards of three months. She then became pregnant, went her full time, gave birth to a strong, healthy, male child, which she nursed for thirteen months, and weaned him only when the second ovarian tumour took on rapid growth.

The history of the second tumour is to me very singular, for I had asked Dr. Beaumont during the first operation to examine the right ovary, which I had previously myself done, and both of us considered it healthy in every respect.

The violent passion into which she threw herself a few days after the operation, appears to have been the only exciting cause, and within three hours afterwards, the right ovary could be felt as large as an orange. This passed away, she regained her ordinary health, and became pregnant. During her pregnancy she enjoyed excellent health, with the exception of occasional sympathetic symptoms, and nursed her child for thirteen months, a period too long for most women, particularly for one whose constitution had recently received so severe a shock. It was only when she was worn down by lactation that the tumour again increased rapidly in size, and her former experience led her not to postpone operative procedure too long.

The very sudden and acute attack of inflammation in the parotid gland, without apparent cause, its obstinate resistance to treatment of every kind, its pressure upon the facial nerve, producing complete paralysis, and its very tardy restoration to its natural condition, are, to say the least, very unusual. Could it be looked upon in the light of Metastasis, such as we see occasionally in the male, where parotitis suddenly leaves the gland and attacks the testicle, or was it simply a coincidence?

At the present date I am happy to state that my patient is in perfect health, and the function of the nerve restored.

(*To be continued.*)

CURIOUS NERVOUS PHENOMENA.

BY W. S. CHRISTOE, M. D., FLESHERTON, ONT.

For want of a better term, I have given the case I am about to describe the above caption.

My patient was a lad, living in the Township of Proton, aged 11 years, of slender build, fair complexion, sanguine temperament, and possessing fair intellectual development. Eight weeks ago I first saw him. The history of the case, briefly given by the lad's mother, is as follows ;

For about two weeks previous to my visit, he manifested a very voracious appetite, eating everything, and would, if permitted, be always eating; in the midst of which he took a severe pain in the side of the face. Supposing it was from the teeth,nothing was done for it. Suddenly he became seized with some curious demonstrations of nervous derangement. Antispasmodics were used, but with very little effect, I found the lad breathing stertorously, and at each inspiration the body was raised fully six inches ; the points of contact being the heels and head ; this would continue for a while,then he would talk over every imaginable thing passing through his mind, whistle, sing, eat, snap and occasionally turn a half somersault, without touching the bed with his hands. It was asserted, in fact, and so it seemed, that the lad was bewitched.

My first impression was, that it was intestinal irritation, from the excessive appetite present. I gave him santonine, turpentine, asafœtida, but only to find my diagnosis purely imaginative.

During these paroxysms, the lad appeared to be sleeping, from which he could not be awakened by calling, however loudly or pinching, however severely, but when shaken and his name called simultaneously, he would invariably be awakened, rub his eyes, laugh and converse pleasantly, and to questions put, would say " nothing was the matter with him"—he recollected nothing that had transpired—but perhaps in the midst of conversation he was off again. I was pressed to give my opinion, and name the disease, I frankly admitted my ignorance. Before leaving, how ever, I thought I would test it still farther, and ascertain if it were sleep or not. I gave him about thirty grains of chloral hydrate in divided doses. He slept six hours, during which he was perfectly calm, affording no intimation of his previous phenomena. I aroused him from sleep, and in a few minutes he was again in his revelries. Such in brief was the case at my first visit. Not satisfied with my course, the friends of the lad sought further advice. Another medical man was called in—he had a name at his tongue's end—hysteria was the disease; said the lad manufactured the most of it, and gave directions not to encourage the little fellow in his trantrums.

This opinion got the poor little fellow into bad grace, and, but for the discretion of kinder hearts—who noticed that by no effort could he avoid it, and that he was wholly unconscious of his sayings and doings, other than being told afterwards, he would perhaps have wanted necessary attention. I lost sight of him, until about four weeks since, when having a call to the house where he then was, I was requested to examine him again. The lad had improved materially, but was by no means free from it. Whenever placed in an easy position—in quietude—he gradually passed into the same state. Accordingly he was directed to lie down, to rest before dinner—in a few minutes he got into the peculiar state mentioned above. He breathed stertorously as before, but they had found that if his shirt was loosened he would immediately stop,—taking the hint, I loosened the shirt collar and found the statement correct. I practiced pressure on several portions of the body and noted down the results.

The great sciatic nerve was first manipulated, and the moment pressure was made, the leg was stretched and stiffened like a pole, each repetition produced the same result. I then placed my thumbs on the supra-orbital foramen, right and left alternately, and instantly the mouth was drawn towards the side pressed—pressing both at once the mouth was drawn to a funnel shape, with the tongue protruding and rapidty passing from side to side. The Infra-orbital was the next point, but no external muscular action took place; on pressure, an invariable attempt to pronounce the monosyllables, "yah, ah, or yes" was made, I tried the mental foramen, but found no response, perhaps I missed it. The right ulnar nerve was manipulated, it excited him to cough, as tho' some foreign body had fastened in the trachea, the same earnest attempt to get something out of his throat was the result of pressing this nerve. The left ulnar, however, produced no such phenomenon, but instead the lad would begin to kick most violently. Pressure over the region of the carotid artery on one side, caused the body to be thrown into a wriggling kind of motion, with the head inclined towards the side pressed—on both sides the inevitable stertor in the breathing was produced. Pressure on the dorsal vertebrae would cause him to speak. I placed my hand on the occipital bone and instantly the half somersault was produced. Although lying on his back, this motion was quick and certain, the whole body being thrown forward; by placing the thumbs on or about the coronal suture, above the superciliary ridge, the pain seemed to be intense, uttering a kind of muttering groan, out of pity you instantly desist. Grasping the foot, and placing the thumb over the instep, he at once commenced to manipulate the dumb alphabet on his fingers, which under ordinary circumstances, he is entirely ignorant of. I enquired particularly about this, and was informed that when a very little fellow he saw a deaf and dumb lad performing; I tested his knowledge in every possible way, by repeating the letters made by him on my own fingers, but all seemed a blank.

This phenomenon so interested the little folks of the house, that while I was examining other parts, they would grasp Johnny's foot to see him make the letters. The cranial nerves, right and left, seemed to be alike impressible, and produced similar phenomena, but not so with the nerves of the extremities, the right having excess of sensibility. Perhaps the most interesting point of all is, that if you press on the squamo-parietal suture a little posteriorly, he recovers instantaneously, rubs his eyes, acts a little strangely and goes about his business as if nothing had happened. I might add that any two or more of these phenomena might be produced at the same time. The features during the paroxysm are much flushed, and the slightest touch on the cranium produced the results named.

I think, certainly no blame can be attached, if I can not place it under any specific name in Medical Nosology. Is it hysteria?—not in the popular sense of that term I think,—that it is some exalted state of the nervous system, I am free to admit, but the phenomena of hysteria, compared with this case, very naturally preclude the conclusion. It is doubtful whether unconsciousness ever exists in hysteria, but in this it is complete, in the former memory can generally supply the patient with facts transpiring during the fit—but in this case it is a complete blank. In hysteria, the patient, if sleep be induced is released from the fit, and so likewise in this case, but reverse the matter; my patient when awake has perfect control over himself, and it is only in a semi or middle state between sleep and wakefulness that the paroxysms take place. Then again the extraordinary action produced by pressure on the respective nerves are so diverse from those of hysteria generally, that until further convinced, I shall not place it in that category. Is it mesmerism or clairvoyancy? Not having given these branches my attention, I can only say as to the former, that my patient did not require a second party to put him in that peculiar state, and that whilst he is in it, he responds to nothing you say, as to the latter a similar reply might be made, there is no communication between the patient and the party examining, as I understand there is in clairvoyancy.

Having read the articles "on the Phenomena of Life, maintained and controlled by two antagonistic principles of innervation," I thought if the learned doctor had this patient to experiment upon he might have elucidated his subject more clearly than he has. That the cerebro-spinal nerves were easily excited in this case was easily demonstrated and could I have tickled the sympathetic centres, I would have done so, but alas, there is a limit to all experiments. When I pressed on the squamo-parietal suture, and the little fellow stared me in the face so instantly, I began to think I had found one of the doctor's antagonistic nerves, but then I had no recollection of sympathetic centres outside the skull, and so I remain in blissful doubt.

I think I am to be pardoned if I cannot satisfactorily explain such strange phenomena, and delineate the relation of the nerves of the elbow to the throat, or those of the feet to the hands, or those of the occipital region to the action produced, &c.

I therefore will not attempt further remaks, than to say, that my belief is, that it was a nervous lesion brought about obscurely. and manifested first by the appetite, the pain and subsequent phenomena.

May 11th, the lad is nearly well; having by way of experiment, last time I saw him, prescribed large doses of Ferri Carb, it has succeeceded admirably. In passing from wakefulness to sleep, and contra, none of the freaks are noticeable, and his friends are much pleased at the result.

PROCEEDINGS OF THE MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHERINES, Oct. 17, 1871.

Dr. Comfort in the chair.

In the continuation of the discussion upon Pelvic Cellulitis Dr. Mack wished to state that peri-uterine inflammation of the connective tissues was frequently brought under the notice of Gynœcists from the use or abuse of sponge tents and intra-uterine medication generally. If the early indications of this disease were recognized and treated intelligently they were manageable, and suppuration might frequently be averted, yet it must be confessed that cases occurred in which pyogenesis appeared to be inevitable. When the symptoms present themselves, frequent vaginal examinations are called for. To promote resolution, the hip-bath at from 85 to 90 for 20 minutes, increased in duration slowly up to two hours and followed by friction has proved to be valuable; leeching the Cervix, cupping the sacral region, fomentations, rest, the bromides, and keeping the rectum empty by gentle measures so as to prevent accumulation of fœcal matter, emollient enemata per rectum and vaginam are valuable. When suppuration appears to be inevitable vesication of iliac and sacral regions is expedient, and as soon as the exploring trocar has demonstrated the existence of pus, it should be withdrawn by the aspirator. Dr. Mack gave the history of several typical cases.

Dr. Goodman mentioned an instance where a lardaceous mass had been discharged per rectum, apparently a fatty tumour which had in this way been got rid of. From first to last about two quarts of fatty substance had been voided. A pre-existent pelvic tumour disappeared after the evacuations.

Dr. Oille wished to know what end was attained by Sims' operation of bilateral division of the cervix uteri, as far as relieving dysmenorrhœa was concerned. Dr. Mack replied that relief of dysmenorrhœa was by no means the only object of that operation, he had performed it a great number of times and although the operation had been called in question he had seen no instance in which he had found cause to regret having joined the ranks of the "womb-splitters."

Dr. Goodman reported a case of diabetes, apparently consequent upon a severe injury. As the patient recovered from the immediate effects of the accident, diabetic symptoms became manifest until eight pints of the characteristic urine were voided daily. The treatment consisted of vapor baths, pepsine to remedy the indigestion, and other usual measures, resulting in complete recovery.

Dr. Mack spoke of an intercurrent form of Diabetes observed in gouty subjects, where great mental exertion was made frequently. In this modification of the disease both the glycosuria and dysuria yielded to treatment, he had known one case of this kind, extending over twelve years. Professor Rochester of Buflalo, related to him an unfortunate trial of the skim milk treatment. The patient grew rapidly worse under the regimen, took early to his bed, and sunk from the disease in a manner that shewed the treatment had no influence for good.

Dr. Comfort mentioned a case, treated by small doses of Morphine at regular intervals, persevered with, for about four months and terminating very satisfactorily in convalescence, although the quantity of urine, passed in the twenty-four hours had reached as high as eight quarts.

December 12.—Dr. Mack in the chair.

The chairman said he would occupy a portion of the time this evening, in describing his experience of the manœuvres for dilating, incising, and dividing the cervix uteri. About twenty-three years ago, he commenced with the use of bougies as recommended by Mackintosh, to relieve dysmenorrhœa from obstruction; he had, after this fashion, attempted in many and various ways to effect dilatation of the canal of the cervix, and he could not now recall any very encouraging results. Sir James Simpson's metallic dilators were next employed, with better effect; then sponge-tents, or the tents and different dilators occasionally, between the employment of the sponges; laminaria &c. These procedures proved to be serviceable occasionally in relieving dysmenorrhœa, and sterility, and facilitating local treatment. Intra-uterine galvanic pessaries, following the enlargement of the canal and retained for a few weeks proved to be a great improvement, obviating obstructions, gently stimulating the interior of the uterus and remedying ante-flexion, yet there still remained a *hiatus valde deflendus.* The conviction was ere long forced upon him that unlike the urethra a very large number of cases existed wherein this conduit must be split by some means and subsequent measures adopted to insure a proper degree of permanent patulency; for this end, he adopted the bistoure caché of Simpson, subsequently Dr. White's Uterotome. From this moment, success began to dawn upon his efforts and after experimenting with each and all of the various methods for incising the cervix, he finally settled upon the plan of Sims in all its minutiæ of operation and after treatment, as the best operation now known, to relieve a constricted condition of the the os cervix and to relieve effectually and promptly a vast number of cases of inflammation sub-acute and chronic and congestions of the cervix and body of the uterus when a free opening does not already exist. After this manner, he had operated, certainly more than one hundred times, and he could not recall to mind a single instance of having to regret the act, while it has been followed in many cases with brilliant success, and there are now many human beings living who would never have seen the light of day, had the operation been omitted.

The systematic works of Dr. Marion Sims, and Dr. T. G. Thomas, describe the operation most graphically and succinctly; he had only to add, that he had generally found it a very difficult matter to improve upon Sims in any of his operations. He often preferred, when it is necessary, to incise the os internum to effect his purpose, with an uterotome, invented by Dr. White of Charleston. After using the scissors he divided the cervix as much as he considered safe and necessary, with Dr. Emmetts knife. The operation thus performed, is safe, effectual, and after a little practice not very difficult, but it must be firmly borne in mind that to ensure success, subsequent treatment should be persevered in for at least three weeks. On this account, it is not advisable to perform the operation at a period exceeding three days from the completion of a menstural epoch, to regularly apply the dressings for the prevention of re-union of divided tissues, and to promote cicatrization of the cut edges and to adopt every measure to obviate peri-uterine hæmorrhage, inflammation or septicæmia. After the healing process is completed, he had in several instances, used a sea-tangle or sponge-tent, after each alternate menstruation twice or thrice.

The operation has failed to relieve the symptoms for which it was intended, in perhaps from four to five per cent of the cases. How many operations are there in Surgery for which more can be claimed? He had only met with two cases of hœmorrhage following the operation; one occurring five or six days after, and he was inclined to think caused by too much force in drawing down with the tenaculum, while introducing the cotton pledget, soaked with glycerine for the purpose of obviating more of the line of incision. They were both easily controlled. One severe case of pelvic abscess occured in a woman who had not perfectly recovered from Gonorrhœa, or who had not been entirely free from that disease for many months, a circumstance unknown to him previous to operating. One case of pelvic cellulitis, which yielded speedily to treatment. In two or three instances pretty sharp surgical fever occured, within the first five or six days after the operation.

In operating with Simpson's or Greenhalgh's instrument he had met with hœmorrhage, much more frequently. Pelvic cellulitis has also followed mechanical dilatation, more often than incision of any kind. Septicæmia is frequently prevented by dressings of Glycerine, Carbolic Acid and appropriate constitutional measures.

As to the cases demanding the operation, those which were positively benefitted by it, were dysmenorrhœa from cervical narrowness, with or without chronic inflammation of the mucous or fibrous tissues or ante-flexion and induration, this last condition disappears very speedily or yields promptly to treatment, by blistering, Collodion, Iodide of Bromine, or small issues, with Pot. cum calce after recovery from the operation, to check the growth of sub-mucous or interstitial fibrous tumours and to relieve the hœmorrhage resulting from the same.

By the advice of Dr. Thomas of New York, he had lately operated by removing a quadrilateral portion of the posterior lip and segment of the Os and Cervix in a case of Ante-flexion with induration. The operation was performed by the aid of a cutting pliers which he placed before the Society, sent to him by Dr. T. for the purpose. They would perceive by introducing one blade of the forceps into the cervix, a piece of the organ about ⅓ inch in width can be removed by the knife, the full length of the vaginal portion. This operation was not painful no hœmorrhage followed; very little after treatment, compared with that required in bilateral division, was found necsssary, and reecovery with a patulous os was complete. In about three months after the operation, the lady wrote him that the result had been most satisfactory to her in relieving a variety of distressing symptoms. It remains to be seen whether any effect will be produced upon the sterility. The relief of pain which often follows complete division of the Cervix, has led him to believe that cutting across the sensitive nerves is in this case like prompt relief afforded from a similar operation for Vaginismus, followed in the same way by persistent dilatation. Do we not also, see something analogous in the successful treatment of fissure of the of anus by incision followed by the introduction of bougies.

He had thus briefly given a summary of his experience with regard to the operation of division of the Cervix uteri and he could only add in conclusion to what he had already said in its praise that the advocacy of incision by Sir James Simpson as well as dilatation by tents remain as contributions to our art of the greatest value, while to Sims is due the credit of perfecting the operation to the highest degree.

Tuesday, Jan. 2, 1872.

Dr. Sullivan wished to call the attention of the Society to the subject of Cholera. He said that he was not prepared to give a full record of its causes and history, symptoms or treatment, neither to throw light on the subject by any new suggestions, as to its cause or treatment, nor to cite cases from actual observation but rather that an opportunity may be given to older members of the Profession, to give their views, which if not derived from experience in former epidemics would, he was sure, be of very great benefit to the younger members, from the mature and enlightened thought which they may bring to bear upon the discussion of any matter, and thus that we may be the better able to meet this dread visitant, which has happily only made a temporary sojourn with us perhaps fortunately to warn us of a more permanent stay next summer as well as to teach us some useful lessons. 1st. As to it prophylaxis, Sir J. Y. Simpson strongly advocated isolation in Small-pox, and also in cholera.

There can be no doubt, he thought that an efficient Quarantine was of the first importance, and he hoped that late investigations would cause the executive to provide the proper officers, and ample means to insure as strict a supervision as that which has been so successful in New York. The central board should select Physicians and nurses and distribute copies of well-prepared rules to local boards, especially along the route of emigrants to the west, so that infected localities might be strictly isolated.—Of course the hypothesis of contagion is fully admitted by this line of action, and he was inclined to believe with Dr. Watson, that it is at least portable, as proven in the case of "The Franklin." The many striking exceptions may be easily accounted for, from absence of pre-disposition, or lack of susceptibility, this exception he had frequently witnessed in the attendant on those sick with the small-pox.

This susceptibility arises from the same causes in most infectious or contagious diseases such as intemperance, insufficient or unwholesome food, bad ventilation consequently we found Cholera making its most frequent raid, upon the poor living in the confined lanes of large cities. There were a good many other causes given by writers, which to his mind had very little to do with cholera except as by weakening the body, they might excite all diseases, such as irregularity of diet, unripe fruit, exposure to night air and one which seems to be exciting more than usual interest just now as a cause of enteric fever, that is, paludal exhalations and animal effluvia, which are frequent in a great many places at various times, yet do not produce epidemic Cholera every summer, or Typhoid in mid-winter. He had also always looked upon this latter disease as an epidemic arising from a specific poison, propagated by means we cannot explain; not by a tainted atmosphere, but requiring actual contact, and the conditions of impaired health, commonly called predisposition.

In the swamps of Bengal and throughout the thickly populated countries of Asia, the Barbaric mode of life in close and filthy huts, and want of personal cleanliness may change an ordinary type of diarrhœa into a specific or epidemic form of disease. He held to the belief that it is the same disease described by Hippocrates and other ancient writers, but many state its origin in 1817. After a lapse of fifteen years, it made its appearance in 1832, in this country. Its more rapid course in 5 or 6 visits subsequently may be attributed either to its never having completely left our populous cities, or its more swift transmission by the modern modes of travelling.

The theory as to pathology is that the poison produces its primary effect on the stomach and alimentary, canal and secondarialy through the ganglionic system thence to the spinal nerves, marrow and brain producing debility and congestion of the viscera and finally alteration of the blood.

With regard to curability, he believed that when the multiplicity of remedies was so great, the chances of cure were proportionately small. We have in cholera the most diverse remedial measures recommended, beginning with emetics and ending with drastics. It is hard to conceive how vomiting and purging could be relieved by full doses of Sulphate of zinc, tartic emetic, calomel, rhubarb and aloes.

It has been proposed to supply the drain of serum by a free supply of albumen, chloride of sodium, and carbonate of soda.

Opium has been condemned for embarassing the cerebral functions and causing wakefulness, still it must prove useful to allay spasm and pain, and combined with astringents, and sedaives, he thought should not be lightly condemned. Effervescing draughts and iced lemonade allay thirst, turpentine stupes, sinapisms, friction with capsicum over the surface and hot packing are expedients of promise. If the lungs, liver or kidneys were seriously embarassed he should try dry cupping. Electricity might be useful, and perhaps scruple doses of Ipecacuanha.

Dr. Goodman thought that the specific disease was not easily diagnosed from some of the most severe forms of cholera-morbus. Dr. Mack stated that the physiognomy of the disease was very characteristic, the fuliginous aspect, stridulous voice and shrinking of the integuments were such as he nad never witnessed in any other epidemic.

In the treatment of the cholerine accompanying the prevalence of this malady the sol. of the persesqui-nitrate of iron first brought under the notice of the profession by Dr. Kerr had proved efficacious in the highest degree, in his hands. The remedies he had placed the greatest reliance upon in the last epidemic were camphor until full reaction was established, then calomel, opium and creosote, and he should now feel inclined to give a faithful trial to Dr. Chapman's spinal ice bags.

House to house visitation appeared to him the wisest of all measures. along with the most stringent hygienic regulations for stamping out or mitigating the epidemic after its invasion.

Selected Articles.

EXCISION OF THE ULNA, INVOLVING THE ELBOW.

The subjoined case is reported by Dr W. W. Minor. in the Buffalo *Medical and Surgical Journal*, October, 1871 :

William J. Leech, aged 32, residing on Carroll street, Buffalo, while employed as brakesman on the Lake Shore R. R., was, on the 6th day of November, 1869, caught between car.couplings in such a manner as to crush the upper third of the ulna, and to lacerate to some considerable extent the soft parts on the posterior parts of the fore-arm and immediately surrounding the comminuted ulna. The injury was received on the road some distance from Dunkirk. The physicians who were called at Dunkirk advised immediate amputation of the arm. The patient preferred riding to Buffalo, where he might obtain further advice as to the necessity of amputation. Though the injury occasioned somewhat remarkable comminution of bone, and some consider able laceration of the tissue, still it was found that the ulna was alone the seat of fracture, and that circulation and sensibility in the hand and forearm was not in any particular degree affected. The longitudinal opening in the integument was lengthened by incision so as to extend as far down as did the fractured bone. The upper and middle thirds of the ulna were removed by excision, while the radius was left intact. The limb was afterwards placed upon an angular splint whose obliquity was varied as was necessary. Though the shock of the injury was very considerable, still the attempt at the preservation of the limb gave the patient courage, which was a valuable adjuvant in his recovery. Carbolic acid water dressings were assidously employed, and the cleansing of the parts with water was carefully and regularly attended to. Suppurative discharge was abundant, and to this, from the position of the wound on the posterior part of the forearm, there was afforded ready exit. Visits to the patient at his house were required for a period of six weeks, after which time he came regularly to the office, where the last dressing the case received was on the 29th day of December, only fifty-four days after the receipt of the injury. The result of the excision is a most satisfactory one. The motions of the fore-arm and hand are admirably retained. The man is now at work in a stove manufactory in this city, and his employer states the he is able to notice no difference in the efficiency of this workman from that of his fellows. The case goes to show that injury to the bony structure of a limb, though it involves two-thirds the extent of that bone and implicates its articular extremity, is not of as serious consequence as if the same extent of injury involved an equal extent of surrounding soft tissue. This conclusion was very strongly affirmed by a case of contusion of the soft parts of the fore-arm of the same extent as that of fracture in the case already narrated, which also was without co-extensive contusion of soft tissue. The patient with simple contusion and without fracture died, while that with fracture unaccompanied with co-extensive contusion was at no time very dangerously ill. The maxim which seems to be in process of adoption by surgeons is :—*Never amputate a limb for simple injury of its bony structure.*

ARSENIC IN MENORRHAGIA AND LEUCORRHŒA.

BY DR. J. H. AVELING.

When these affections depend upon the presence of polpyi, fibroids, cancer, etc., Dr Aveling thinks that arsenic is of no use; but when hyperæmia is the cause of the flow, arsenic, he believes, arrests the latter by curing the former. He says: Hyperæmia of the passive or atonic character is that which is most benefitted by the use of arsenic. The uterus, when in this condition, is larger and softer than in its normal state. It is usually tender to the touch, but not always so. To the eye it appears of a deeper red than is natural. After death, the capillaries are found dilated, and the tissues tinged with red. Unlike the color produced by inflammation, however, this redness can be removed by careful washing.

A patient coming to you with her uterus in the state just described, will, in addition to a host of other subjective and objective symptoms, most probably complain of the too frequent recurrence of the catamenial period, of the excessive discharge at that time, and, in the inter-catamenial period, of persistent and distressing leucorrhœal flow. Now, in such a case as this, I should commence by administering two drops of the liquor arsenicalis, or one granule (one milligramme) of arsenious acid, three times a day, at meal-times. This dose I should continue for a fortnight. If, at the end of that time, no conjunctival irritation had displayed itself, I should increase the dose to four drops of the solution, or two of the granules; and then again, after another interval, to six, eight, ten, or even more drops or granules in proportion, watching the patient, and being guided by her tolerance of the remedy.

Besides the general effect of arsenic already alluded to, the first result of this treatment will be lengthening of the inter-catamenial period; and it is remarkable how this is sometimes extended, one or two days being only gained at a time. By persisting in the remedy, however, the interval will become greater until it arrives at its normal duration. Occasionally the progress is more rapid, and the proper interval is at once attained. Besides the improvement in this respect, the amount of the discharges will gradually decrease, and in like manner all the other hyperæmic symptoms disappear. I have found it necessary to administer large doses, and cannot remember ever having produced any of the premonitory symptoms of arsenical poisoning beyond that of conjunctival tenderness. I have been obliged, however, to continue the remedy for several months, and have had to recur to its use more than once when the hyperæmic symptoms have reappeared. In some cases an excessive leucorrhœal discharge has the effect of supplanting the catamenial. In these the cure of the former has the result of removing the amenorrhea —*British Medical Journal.*

CHLORAL IN TETANUS.—M. Garnier (*L' Union Medicale,* November 14, 1871) refering to several cases in which chloral was used in the treatment of tetanus occurring in very young persons, says that it is in such patients that it will be found most useful. In a child thirteen years of age four grammes of chloral were given at a dose, with the effect of producing a marked amelioration of all the symptoms. A complete cure was effected on the thirty-fifth day, after one hundred and eighty grammes had been taken. In a child aged seven days, affected with trismus, chloral was dissolved in the milk of the mother, and injected into the child's nose during the paroxysms. Twenty-five grammes were thus administered, and on the ninth day the cure was complete.—*Philad. Med. Times.*

RUPTURE OF THE GRAVID UTERUS.

At the meeting of the Philadelphia Obstetrical Society reported in the *American Journal of Obstetrics*, August, 1861, Dr. A. H. Smith presented a specimen of rupture of the gravid uterus at the seventh month of utero-gestation, from grangrenous inflammation of its tissue. The patient at twenty-seven had been married eighteen years, and Dr. Smith had delivered her with forceps of her only living child eight years ago. She had not conceived since until the present time, and, when about six and a half months gone, she was suddenly seized, while in good health, with violent pain in the umbilical region, not attended, however, by collapse, and, Dr. Smith being absent from the city, she was placed under the care of a neighboring physician. On Dr. Smith's return, which was in a few days, he found that she was much prostrated from the severe pain, and had not felt fœtal movements since her attack. The cervex uteri was thick dense, and non-patulous, and the pains had no effect upon it. The pain was quieted, and she was put upon tonics and stimuli, and for a few days seemed to improve, but soon passed into a condition of septicæmia. At this time it was deemed advisable to induce labor, but the rapidly increasing prostration prevented its accomplishment, and she died undelivered two days afterwards. On post-mortem examination the uterus was found in a gangrenous condition, the anterior wall ruptured near the fundus and the fœtus and placenta, in an advanced stage of decomposition, were free in the abdominal cavity, their presence there having given rise to some acute peritoneal inflammation.

TREATMENT OF HYDRARTHROSIS BY ASPIRATION.

Dr Dieulafoy has recently published a pamphlet on this subject in Paris, in which he reports a number of cases both acute and chronic, traumatic, rheumatismal, and without obvious cause, in which aspiration of the knee-joint was practised with good result. The following are a very few of the cases given:—Double hydrarthrosis of fifteen day's duration, attended with great pain, in a man aged 47. Between the 26th of October and the 29th of November five operations were performed on each knee; the liquid reproducing itself so rapidly that in twenty-four hours 120 grammes of fluid would re-collect in each joint, and the pains, which would at first cease, would reappear with the effusion. The application of ice was found efficacious.

Hydrarthrosis, of six months' duration, of right knee, without obvious cause, in a conscript. 35 grammes were taken out. The man then walked ten kilometres (about six miles) without suffering. Twelve days afterwards the liquid had reappeared, 40 grammes were evacuated, paintings with tincture of iodine were practised, and no further effusion occurred.

Rheumatic hydrarthrosis of the left knee, of eight days' duration, in a man aged 38. 70 grammes of fluid containing a large number off leucocytes were drawn off. Bandages were applied, and three days afterwards, the effusion having re-appeared, 45 grammes of liquid, containing fewer leucocytes, were drawn off. Two days after 30 grammes were evacuated; compression; cure after nine days' treatment.

The operation is performed as follows:—The piston of the aspirateur is drawn partly up, so as to form a vacuum, and the needle connected with it by means of a short caoutchouc tube, is pushed a little way into the tissue at the designated spot, and the cock of the aspirateur turned. The needle is then slowly pushed into the joint, and when the fine jet spouts into the cylinder, the needle is known to have fairly entered, and motion of it ceases. The aspiration is then continued until no more liquid can be obtained; no pressure is to be made on the joint. A drop of collodion is to be put over the little hole the moment the needle is withdrawn. A simple spiral or number-of-eight bandage is then applied, the limb raised slightly, and quiet enjoined. If in twenty-four hours marked effusion has occurred the operation is repeated, if not, the pressure is re-applied. Dr. Dieulafoy claims that the operation is harmless, painless, and diminishes greatly suffering—shortening the time necessary for cure. —*Bulletin Gener. de Therap.*, Jan. 15, 1872.—(*New Remedies.*)

RESECTION OF THE ŒSOPHAGUS.—In the current number of Langenbeck's *Archiv*, Professor BILLROTH, of Vienna, contributes a most interesting and suggestive paper bearing the title., "*Ueber die Resection des Œsophagus.*" He states that some time ago after a post-mortem examination of his first patient affected with carcinoma of the œsophagus, the possibility suggested itself of making a resection of this part of the alimentary tube. The fact that the lymphatic glands in the neighborhood of the diseased part are not generally affected, and the partial success which had hitherto attended the operation of œsophagotomy in the disease, together with the analogy of external urethrotomy in cases of gangrene or ulceration of the urethra, seemed to lend support to such an idea. The passing, moreover, of bougies through cicatricial tissue was far preferable to the manipulation of such instruments in a tube with ulcerated and weakened walls.

On April 21st of last year, a large dog was put under the influence of chloroform, and a piece, about an inch and a half in length, was cut out of the whole circumference of the œsophagus. The lower end of the divided tube was then fastened by a couple of sutures to the skin at the margin of the external wound. Up to the 26th of the same month the animal was fed with milk through a tube passed into the wound, but on and after this date the tube was passed *via* the mouth. A week after the operation the sutures were removed. By the end of June the fistulous opening had completely closed, and the process of healing would have been quicker if it had not been that the dog, like human patients, dissatisfied with "milk diet," purloined the more solid food of neighboring victims to science. After the closure of the œsophageal fistula, which took place at the end of June, the tube was daily dilated by a bougie of the diameter of a large index finger. After the healing of the wound the dog was in capital condition, eating meat, potatoes, etc., but the variety of fare was not allowed to extend to bones. On July 26th the animal was killed with cyanide of potassium; and all that was found as a trace of the operation was an annular scar, scarcely half a line in width, and, moreover, easily dilatable.—*Lancet*, Jan. 6, 1872.

TYPHOID FEVER AND BOWEL HÆMORRHAGE.—At the Central Medical Society of New York, Dr. Weed lately presented a paper on the treatment of hæmorrhage of the bowels in typhoid fever, in which he referred to the grave complication of this hæmorrhage and its cure. It might be affirmed that in an exhaustive fever this system was an alarming one. It had occurred even in convalescence; various astringents had been recommended, but their operations were not always satisfactory. He gave the history of a case where blood was passing largely, and the prognosis was most unfavorable. The styptic properties of the oil of turpentine occurred to him, and he resolved to give it a trial; he gave tea-spoonful doses repeated twice in thirty minutes, and then in smaller quantities, as the cases seemed to require; several other cases of a similar and very severe character, in which turpentine had always been given with *complete success*, were related.—*Medical World.*

CHLORIDE IN PLACE OF BROMIDE OF POTASSIUM.—Dr: Lander has substituted the chloride for the bromide of potassium in the treatment of epileptics with a success which he declares to be identical. He begins with smaller doses, but doses of 75 to 105 grains daily have been borne without inconvenience for months in succession. He states that it is more active, one sixth of the price, and without the inconvenient secondary effects of bromide of potassium. He believes that in the stomach, bromide is converted into chloride of potassium, and that for many reasons it is desirable to administer it at once in that form.—*British Medical Journal.*

DECAPITATION OF THE FŒTUS BY BRAUN'S KNIFE.—Prof. Valenta (*Memorabilien*, March, 1872) gives great praise to decapitation in case of shoulder presentation. In one case cited by him (*loco cit.*) where twins were born,the second twin was found to be a shoulder presentation. As the uterus was strongly contracted round the fœtus. Dr. Valenta feared the use of force, but decapitated the fœtus, which was dead, by Braun's knife, and extracted in about a quarter of an hour under chloroform. In a second case where the child had been dead some days and the shoulder presented, the head was decapitated and the child extracted in five minutes under chloroform. Both mothers did well. In the third case of shoulder presentation the midwife had sent for the physician, but another midwife had come and given ergot of rye, attempting to turn unsuccessfully. This case was also rapidly delivered by decapitation ; but the mother having been so maltreated by the midwife died in seven days. It seems to us that this operation ought to be more frequently practised in this country instead of turning.—*Doctor.*

GUARANA FOR SICK-HEADACHE.—Dr Wilks, of Guy's Hospital, draws attention to *guarana* as a remedy for sick headache, and at the same time asks for the experience of those who may already have some acquaintance with the drug. His own knowledge of it dates about two years back, when, after the appearance of his lecture upon sick-headache, Mr. Helmcken, of British Columbia, sent him two powders, which he recommended as able to cure the complaint. He said that, having heard much of the remedy, " I resolved to try the medicine upon one of my patients who was always coming to me with sick-headache ; and sure enough it acted like a charm ; and in place of suffering for twenty hours or so, the headache had disappeared in a couple. This accords with what others have told me." Dr. W. tried the powder, but with only doubtful effect. Lately he received a letter from Dr. Wood, of Montreal, in which he also recommended "guarana" as a remedy for headache, and gave a history of his own personal sufferings and the relief which he had obtained. He says : " By taking one of these powders and remaining quiet when I have felt premonitory symptoms by a beginning of pain always in the right temple (headache on the other side, or in any other part of the head, I never mind), I have warded off the attack ; and, with the first box absolutely put it off for two months—something which had never occurred in my life before." Dr. W. then recommended guarana to several patients and friends. One lady speaks most enthusiastically of its power, as she has now, on two separate occasions had her headache arrested by its use. The drug has long been known, for mention is made of it in English and French pharmacologies, but appears never to have come into general use. It consists of the seeds of a tree growing in Brazil called *Paullinia sorbilis:* and these, according to Johnstone, in his "Chemistry of Common Life," are used as we do cocoa. The seeds are ground into power, and contain an alkaloid which is said to be identical with that found in tea and coffee. The medicine is manufactured by Grimault and Co., No. 7. Rue de la Feuillade, Paris.—*The Doctor.*

PROF. BILROTH AT MANNHEIM IN A DESPERATE CASE OF WOUNDED ARTERY.

The following interesting but most melancholy case, which occurred at Mannheim. is translated from the *Berliner Klin. Wokenschrift:*

A German officer of the Cuirassiers, young, handsome, and strong as the war-god himself, had been wounded at the battle of Gravelotte, Aug. 18th. The ball had entered immediately below the middle of the right clavicle, and passing backwards perforated the scapula in the supra-scapular fossa, close to its spine. A piece of his cuirass had been carried in with the ball, but was extracted at the first hospital to which he was taken. The wound was healing well and the patient was on his journey home. On the 6th of Sep. (19 days after receipt of the wound) as he was sitting at dinner in the hotel in Mannheim, he was suddenly seized with hemorrhage from the wound in the back. Dr. Stephani was summoned, applied a temporary dressing, and removed him to hospital, where, in spite of prolonged compression of the subclavian artery, carefully applied, compressive dressings to the wound, the use of ice, and absolute rest of the patient, the hemorrhage continued. He grew constantly paler, and by the morning of the 18th it was evident that some more decisive action must be taken. On removal of the dressings the blood gushed out of the posterior wound; the anterior one did not bleed. It was evident that the blood came from behind the perforated scapula, but whether from the subclavian artery or a large branch of the same could not be told. As digital compression of the subclavian (which arrested the hemorrhage) could not be borne long enough to be of permanent benefit, on account of the severe pain it caused; as plugging the wound with and without solutions of iron, had proved futile; nothing remained but ligature. But to apply a ligature in the wound implied a previous partial resection of the scapula. The hole through this bone being so near to its spine would also have necessitated extensive separation of the attached muscles. I have witnessed extirpations and extensive resections of the scapula done by the master-hand of M. Langenbeck, and have thus convinced myself of the difficulty of the operation and the loss of blood it necessarily involves. I may therefore be pardoned for not having undertaken it in the present instance, with the chances there were of having the patient, already well nigh bloodless, die under my hand. It was determined to ligate the sublavian artery above the clavicle, at the well-known *locus electionis*. Dr. Stephani conducted the operation most successfully; as soon as the ligature was applied the hemorrhage ceased and never again recurred in the bullet wound. But, as early as the third day after, a profuse arterial hemorrhage occurred at the point of ligature. It was during the night. The assistant on duty, Dr. Gersuny, was at hand immediately and made the necessary pressure; on my arrival Dr. Stephani was also present. The confidence of the patient in my ability to help him was unqualified. As I entered the door he cried out, "thank God, I am saved!" The words cut me to the heart, for a glance at the situation showed that probably we were powerless to help him. The only thing possible was the application of another ligature in the wound, but as soon as the controlling finger was moved, or lessened its pressure, the blood burst forth with prodigious violence! The former ligature was still in position. I thought we might lift the vessel out by means of that, seize the two ends and tie them. It was attempted, but in vain. The patient, though possessed of wonderful endurance, could no longer bear the pain of the pressure needed to control the artery. So now we had added to our other anxieties that of administering an anæsthetic to this anæmic man. Had not all of my assistants on this occasion supported me with rare faithfulness and ability I shou d never have succeeded as I did. Dr. Stephani compressed the artery, Dr. Gersuny gave the anæsthetic and handed the instruments; the remaining assistants were nurses.

Evidently my only course was to make room for ligature of the central portion of the subclavian, or for compression of the same and ligature in the wound. I therefore divided the integument over the clavicle, detached the clavicular portion of the sterno-mastoid muscle, and then introduced my finger into the depth, in order, if possible, to get behind the scalenus anticus, and there compress the subclavian with the left hand, while with the forceps in the right I should seize that portion of the artery cut through by the previous ligature. As I was carefully and laboriously feeling my way down, a sudden gush of dark, venous blood welled up about my finger. I at once realized that I had been so unfortunate as to tear the thin walls of the internal jugular vein, as if more complications were needed! I succeeded, however, in quickly seizing the vein with the forceps, tied it above and below, and cut through in the middle. Now, the scalenus anticus was before me; with my forceps I tore it partly free from its attachment to the first rib, and then, at last, I saw the subclavian artery lying full in view! It was promptly seized and ligated. As I removed my finger from the wound, the peripheral extremity of the vessel oozed slightly. To make things sure, I tied this also. The entire affair had occupied three-quarters of an hour, and we had at least gained a few hours of life. By the application of heat, the free use of champagne, etc., we succeeded in restoring our patient to entire consciousness and reason. He appreciated fully that he had not long to live; comforted his weeping sister; spoke of his fallen comrades, and the great results this war was to accomplish for the German fatherland; thanked us all in the heartiest manner for our efforts to save his life; commended his soul to God, and died like a hero!

Whoever spent that night with me will never forget it. Seldom have I so desperately struggled with the grim destroyer for a human life! Grimly he withdrew for a few hours. But he had touched his prey, and knew full well that science could not long defraud him of his own.—*Kansas City Medical Journal.*

TREATMENT OF

COMPOUND FRACTURES OF THE LEG, AT BELLEVUE HOSPITAL.

BY THOS. K. CRUISE, M.D., (LATE HOUSE SURGEON.)

Suppose that the ambulance has brought to the hospital a young man who has just been run over with a car. A tourniquet has been applied to the femoral; the bandage around the leg and the oakum in the fracture-box are stiff with blood, and the ambulance surgeon thinks that the anterior tibial has been wounded.

You have a bed ready, which, when possible, it is best to have of springs for its upper half, but below, a thin horse-hair mattress must rest directly on boards. The man will have to pass many weary weeks on that bed, so make your mind easy by horse-hair and springs above—as a prophylactic against bed-sores, but there must be no inequalities where the extremity is to rest, so you use boards below. A rubber-cloth protecting the sheet where the leg is to lie, the patient, fracture-box and all, is carefully lifted upon this bed. The man is in good flesh, with firm muscles, uses alcohol very exceptionally, and is free from constitutional taint. He has bled freely, but the pulse is strong, and shock of minimum amount. The trousers are cut away and bandages slit up, discovering a state of affairs such as to make of amputation or conservatism an open question. The decision must be made at once, for though you would not amputate tonight, the dressing is not to be delayed till morning, lest swelling defeat the intention. Here is a wound—evidently made by that jagged projecting end of the lower fragment of the tibia—which commences at the seat of fracture just below the knee-joint and extends downwards two inches or more. Various splinters of bone may be felt in the wound, and perhaps a fissure running far down the shaft. Below, one or two inches above the ankle-joint, where the car-wheel has passed, there is a fracture of both bones, compound as to the tibia, of most difficult management, because of the sagging backwards of both the foot and the lower fragments, but presenting the favorable feature of non-invasion of the ankle-joint. I consider the fact one of the most signal triumphs of plaster treatment, that the feature of special odium in such fractures, for which so great a multitude of plans, both by extension and otherwise, have been suggested—the backward tendency of foot and lower fragments—never occasions a second thought after the gypsum bandage has been put on. There are ordinary ecchymosis and other usual symptoms in the supposed case. The man is young, does not want to lose his leg, and we certainly do not want to cut it off. Suppose, then, it is decided that he stands an equal chance of life whichever procedure is adopted, and the leg is to be saved if possible. Give chloroform if the man be timid, loosen the tourniqet, and wait long before you are certain that every bleeding point has been secured. Wash the limb, and shave the surface hair in the vicinity of the wounds. Then draw on the leg a flannel casing—preferably of closely-fitting thick drawers—and over the flannel where the wounds are, envelope the circumference of the leg by an annular ring of rather closely packed oakum wrapped in oil-silk or india-rubber cloth. These rings extend an inch or two above and below the margins of the wounds. Their purpose is to prevent the plaster roller from lying immediately over the wound, for if the contact was direct, or, what amounts to the same, if the plaster bandage was applied over the flannel casing only, the cutting a fenestra at the site of the wound would cause bulging of the tissues through the opening, resulting in blood stasis and great pain. By the band of oakum the edges of the fenestra are kept from appearing to constrict the leg—an appearance caused by the freedom from the pressure of the plaster bandage enjoyed by the wound and that part of the leg corresponding to the fenestra. This is a very important point, and dispenses with the oft-reiterated objection to the treatment, that the tissues swell in the fenestra. Before applying this oakum wrapping, which may be looked on as a mould for the setting of the plaster, it is well to provide against the soiling of the flannel wrapping of the limb with blood, by slitting the material at the wounds, and temporarily dressing the latter with picked lint and a few turns of a tightly applied bandage. The foot having been encased in a bandage or any convenient material for preventing direct contact of the plaster and skin, and the leg having been brought over the foot of the bed, an assistant grasps the heel with one hand, holding the foot at right angles to the leg, and with the fingers of the other surrounds the lower point of fracture, thus acting as a temporary splint. Another assistant puts his fist in the popliteal space, keeping the thigh elevated and the knee-joint very slightly bent, whilst the other hand controls the upper point of fracture. Two other aids attend to the bandages, and stand ready to relieve the first. During this time there have been prepared eight or ten ordinary surgical bandages, or preferably of a lighter material, in the meshes of which have been sifted evenly and lightly a quantity of the best modeller's gypsum. One or two of these bandages have been placed in a bucket of lukewarm salt water, when they cease to bubble are squeezed dry, and, the extremity in position, are applied quickly and evenly in a single layer. The object of this preliminary bandage is to retain the fragments in position and coaptation while the rest of the dressing is applied. It is unnecesary to carry the first bandage above the knee or below the ankle. A piece of thin blanket, intimately rubbed with a quantity of plaster, worked into paste with water, is next folded into a triple layer, the dimensions, when so folded, being long enough to reach from the toes to the upper third of the thigh, and the width being equal to about four inches. This mass is applied posteriorly, commencing at the root of the toes, continuing down the plantar surface of the foot, up the back of the leg and thigh, in the popiteal space, and stopping at the upper third of the femur. The fingers of the surgeon mould this "*posterior support*" to the inequalities of the surface, and the result is, when set, a plaster *board* fitted accurately to all irregularities, holding the foot in position, retaining the bend at the knee to the comfort of the patient, and is the king of all splints. When the plaster is partially set, the rest of the bandages are wound round the leg and posterior support *en masse*, three or four layers being required, and the extent as before from the toes to the upper part of the thigh. After fifteen minutes the thing is "set," and the result of a half-hour's work is seen in an apparatus that, with its maimed contents, can be rolled from side to side, can be raised a foot or more from the bed and dropbed again without giving a twinge of pain to a patient who had previously suffered when any one walked near his bed. The fenestræ are best cut before the plaster is dry, and there is scarcely any limit to the size of the openings that may be made —six inches square if necessary—so firm is the grip of the posterior support. In such a case as we have supposed an idea may be gained of how fragments are held by asking the patient to contract the rectus, when, no matter what the size of the fenestra, the fragments of the tibia will give no response to the muscular action. The comfort of the patient may be enhanced by elastic swinging of the whole.

Space compels me to forego the pleasant duty of signaling how the apparatus may be modified for certain exigencies, what wonders it is capable of in cases of knee-joint excision, necrosis operations, etc., and the details of many cases happily treated by it.

Lister's antiseptic dressing can be most advantageously used in connection with the splint, but, however the wound be managed, it is important to guard against the discharges soaking between the limb and the bandages, creating an atmosphere which would poison any wound. At each dressing cotton must be stuffed under the margins of the fenestra before syringing, and fresh cotton covered with oil-silk after the same operation. Good drainage must be secured, and oakum is by far the best material for absorbing discharges.—*Medical Record.*

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, JUNE 1, 1872.

CANADIAN GRADUATES.

The April number of the Canada Medical Journal, contains a stricture on an article published in the April number of the LANCET, in reference to our recommendation to the Ontario Medical Council, to remit the examination to Canadian Graduates who have passed an additional examination, before the College of Surgeons or Physicians in England or Edinburgh.—We have not had an opportunity to reply to this, until the present, owing to the fact that the April number of the Canada Medical Journal, did not come to hand till some time in May. Our co-temporary seems to have got on the wrong track, and to have entirely lost his way. We do not advocate the remission of examination to graduates of British Colleges as such; but to *Canadian Graduates*, who have received additional clinical instruction and additional honors, to those already so nobly earned in Canada. Neither have we attempted in the least, to "belittle our own institutions; far from it. On the contrary we quite agree with our co-temporary in the statement, that "medical studies are as faithfully pursued and taught with us, as abroad," and that "Canadian Graduates will compare favorably with those of British Colleges." But it must be remembered that the facilities for Clinical instruction in England, are much superior to those in Toronto or Montreal—and when we bear in mind, that all Colonial Graduates, are compelled to spend one year in a metropolitan Hospital, before their admission to examination at the College of Physicians or Surgeons, London, we must acknowledge that these men are better qualified, than those who have not had such opportunities. This, too, is very expensive, so much so, that few are able to afford it. There is no desire to compel students to adopt this plan, as our co-temporary seems to think, nothing of the kind, no need to "close Canadian schools and cease Medical education entirely." We might state for the benefit of our co-temporary, and those who oppose this measure that members of the Royal College of Surgeons and Physicians, who have registered in England, are legally qualified to practice, in any part of Her Majesty's Dominions. The only obstacle in their way, here, is that they cannot hold any public office, such as Coroner, or sign a certificate to commit a patient to the Lunatic Asylum, and the Council may refuse to accept their certificates with reference to time spent by students, in the pursuit of Medical studies under their supervision.

It is because we think that *Canadian graduates* who have received such additional Diplomas should have some advantage over mere outsiders, that we have taken this matter up. We have not done so hastily, we have given the subject some careful thought, and we know "whereof we speak." Our cotemporary says "the whole article in the *Canada Lancet* grates unpleasantly." Aye, there's the rub. We all remember the opposition that he and his friends brought to bear against the Ontario Medical Bill when it was submitted to the Local Legislature and we have reason to apprehend that a little of the old leaven has been the occasion of this fresh outburst.

In refutation of the charge that we desire to "belittle" our own institutions we refer him to the last paragraph in our leading article in the May number of the *Lancet*. We think the reference to the letters which the Editor of the *Lancet* has the honor to append to his name, exceedingly silly, and has as much to do with the question under discussion as the Goodwin Sands with the Tenterden Steeple. In conclusion, we trust for the honor of Canadian journalism, that the future criticisms of our co-temporary may be characterized by fewer vulgarisms and couched in more temperate and becoming language.

Disinfection of the Body.—The subject of disinfection is one of very great importance, but nevertheless one which has not received that attention which its importance demands. The employment of a little chloride of lime, or a weak solution of permanganate of potash, sprinkled on the floor of the sick chamber or in the bed pan or thrown down in the privy, is about all that is ordinarily done and this not unfrequently in the most perfunctory manner. Even in cases where great care is exercised and the process of disinfection more completely carried out, it is limited to the clothes, furniture rooms, &c., the original source of the infectious matter—the living subject, being entirely overlooked. In some institutions the convalescent from any infectious disease is bathed regularly every day for a week or two before being dismissed from the Hospital. This is a very wise precaution and one that could be made much more certain in its effect, by the addition of a weak solution of permanganate of potash or carbolic acid, to the bath.

Dry heat at a high degree of temperature is the most reliable and trustworthy means of disinfecting inanimate substances, such as blankets, clothing, &c., and this can be readily done by heating them in an oven or place for the purpose. A temperature of between 200 and 300 degrees continued for several hours is sufficient to render inert, all contagious matter which exists in articles of clothing, &c. A writer in the *British Medical Journal.* for Feb., 1872 asks if the exposure of a living being to the above temperature would be sufficient to disinfect the cutaneous surface? or can the contagious principle on the surface of the body be raised to the required temperature? The above amount of dry heat can be borne with impunity by the living subject for a short time; but it will not be sufficient to destroy the contagious matter. It is well known that the evaporation which takes place under such circumstances is sufficient to keep the surface of the body cooled down to the normal standard, and hence no disinfectant effect would be produced.

Although high temperature cannot be made available in destroying the contagious matter on the surface of the body, much may be done by cleansing the body by means of disinfecting baths and the use of the flesh brush. The clothing also should be frequently changed and thoroughly washed and disinfected. Such means when properly carried out will go far to prevent the spread of infectious diseases. They are easily attended to, not expensive, and should in no case be neglected.

Lostorfers Syphilis Corpuscles.—This interesting subject is still under investigation. In the *Medical Record* for May are two letters in reference to this matter, one from Dr. Bumstead and another from Dr. Bronson of New York both of whom are at present in Vienna. These letters will be read with interest by the profession on this side of the Atlantic, not only on account of the discovery which Prof. Wedl says " if true is of little less importance than the discovery of a planet," but also from the well known reputation of these gentlemen, and on account of the favorable circumstances under which they are pursuing their investigations, having free access to the laboratory of Prof. Stricker, where Dr. Lostorfer's experiments are being carried on. The committee appointed to investigate the subject has dissolved declaring the question as one which can only be solved by personal investigation. These corpuscles have also been found in the blood of lupus patients, and the question naturally arises as to whether or not lupus is a syphilitic affection.

Prof. Wedl in his report read before the Society of Arts, Vienna, expressed his belief that these corpuscles were identical with fat globules, or probably bits of protoplasm. Few of the critics, however, support the opinion of Wedl. Dr. Lostorfer states that on the addition of acetic acid to the blood the syphilis corpuscles shrink and finally become indistinguishable, while bits of detached protoplasm are dissolved under its action. Iodine has no effect upon them, and osmic acid fails to turn them black, hence they cannot be fat globules.

Both these writers in the *Medical Record* also refer to the paper by Prof. Salisbury of Ohio, published in 1868, in which reference is made to similar bodies found in the blood of syphilitic patients, and if it should prove that they are identical with Lostorfer's Corpuscles the honor of priority in the discovery will undoubtedly belong to Prof. Salisbury.

The latest accounts regarding this important subject are to the effect that Lostorfer's corpuscles have been found by Prof. Stricker in the blood of tuberculous and carcinomatous patients that have never had syphilis; also in a case of morbus Brightii. The conclusion is evident, therefore, that the presence of these bodies is due to impairment of nutrition and the cachetic state of the patient, and not to the existence of syphilis.

HOSPITAL OPERATING DAYS.

We would most respectfully desire to call the attention of the proper authorities to the propriety of appointing certain days for the performance of surgical operations at the Toronto General Hospital. During the past month several most important surgical operations have been performed; but as they were done on different days, many of the Students in attendance and others who might wish to be present were not aware until afterwards that such operations were in contemplation.

The students in attendance pay for the privilege of witnessing the surgical practice of the Hospital, and should be made acquainted with the days and hours for such operations. In all the London Hospitals certain days are set apart for operative surgery, and students know when to expect them to take place. True there are some cases that cannot well be postponed to a certain day, but it is equally true that the great majority of cases in Hospital practice are of a chronic nature, and can as well be performed on one day as another.

Why cannot Saturday at one o'clock be named as the time for all operations to be performed not of a very urgent nature? Everything could be in readiness for that hour and thus much time would not only be saved to the surgeons in attendance, but be a source of great convenience to all those interested in such matters.

We have thus drawn attention to this matter in the interest of the Medical Students who pay for the privilege; in the interest of the Medical Schools, because they suffer from any imperfection in reference to Hospital advantages afforded students in attendance at College; and also in the interest and for the benefit of the attending surgeons themselves. We hope that some active steps will be taken and such arrangements made as will be conducive to the general interest of students and others, and the welfare of the Medical Schools in Toronto.

APPOINTMENT OF CORONERS.—William E. Johnston, township of Haldimand; George W. Wood, M.D., Delhi; Hugh M. McKay, Woodstock; William Noden, M.D., Roseneath; Dr. Bredin, Milford, and Dr. Beaton, Stayner.

MEDICAL ELECTIONS.

MEDICAL ELECTIONS. MIDLAND AND YORK DIVISION.—Dr. Agnew is out for re-election in this Division, and his address will be found in our advertising pages. There will probably be no opposition to the Doctor's return, and we think there should be none; but nevertheless we advise Dr. Agnew's friends to record their votes in his behalf, as diligently as if there were. By so doing, the chance of a possible accident will be avoided, and at the same time a deserved compliment paid to a faithful and pains-taking representative. Let every vote, then, be recorded.

Dr. Hodder has been appointed by the council of the University of Trinity College as their representative in the Medical Council.

Dr. Coburn, of Oshawa, is a candidate for the representation of the territorial division of Kings and Queens on the Medical Council.

Dr. McDonald has been brought forward by his friends in Hamilton for the representation of the Burlington and Home division. Dr. Freeman, of Milton, is also in the field. Dr. Hamilton positively declined re-nomination.

Dr. C. G. Moore, of London, is spoken of in opposition to Dr. Hyde for the Malahide and Tecumseh division.

Dr. John Muir of Merrickville, is one of the candidates for the representation of the Eclectic body in the Medical Council. The Dr. will, we feel certain, make a most able and efficient representative. We hope to see him elected by a large majority.

The first meeting of the newly elected Council will be held on the second Wednesday (10th) of July.

UNPROFESSIONAL.—We have received one or two communications calling our attention to an announcement issued in small poster form, by a medical man in the neighborhood of Oshawa. The poster, which contains a most extraordinary "Bill of Fare" is headed, A NO. 1; and the author, after a characteristic harangue on health and beauty personified, asks, "*Who can remove disease?*" and answers, "Not the unthinking, half-educated medical man, who has seen only his own small practice." "I have seen the largest and best medical practice in the world, in Canada, United States and England." We regret very much to be under the necessity of referring to such matters, and trust that the author may be able to see the error he has committed, and withdraw these disgraceful announcements from circulation, so that we may not have occasion to refer to them in more unmistakable terms. We have also received another communication concerning a medical man who is about to commence practice in a certain village in the West. There is nothing objectionable in this announcement *per se*, except its inordinate size. It seems as if intended to be nailed up on gate posts, telegraph poles, or in bar-rooms, &c.

NOTES AND COMMENTS.

BOGUS DIPLOMA BUSINESS.—The committee appointed by the Legislature of Pennsylvania to investigate the charges against certain colleges in Philadelphia for selling Medical Diplomas have brought their labours to a close. From the evidence obtained it appears that the Philadelphia University of Medicine and Surgery and the Eclectic Medical College of the same place have been guilty of this most reprehensible business, and the result has been the repeal of the charters of both these institutions. We are glad to see that these disgraceful institutions have been so summarily dealt with.

PARACENTESIS THORACIS.—Within six months, four cases have been tapped at St. George's Hospital, in neither of which was the air excluded, and they did well. Dr. Fuller considers the dread as to the admission of air *fallacious*, and says that the various ingenious instruments devised for the purpose, only complicate a harmless operation. When the fluid is serous, he advises closure of the opening with carbolic plaster, as soon as the operation is finished; when purulent, the wound is to be kept open and drainage employed if necessary, and the patient well fed.

BAKER BROWN IN DISTRESS.—The London *Lancet* says that Mr. Baker Brown is completely prostrated by paralysis, and that he is also in pecuniary distress. A fund is being raised on his behalf.

ACTION OF QUININE AND ARSENIC.—The Philadelphia *Medical Times* contains an article from Dr. J. G. Richardson, in which he maintains that the tonic and anti-periodic action of quinine and arsenic are due to their power of destroying vegetable parasites (*bacteria*), that prey upon the nutrient element of the blood. These bodies have been seen by many observers, in the blood of men and animals, while suffering from various maladies.

LIME WATER IN CROUP.—The inhalation of the steam of freshly slaked lime water is strongly recommended in Croup. Portions of fresh lime are put into a bucket of hot water, which causes ebullition, and the child is made to inhale the steam, by placing it upon the nurse's knee and wrapping a blanket over both. The steam of lime water should also be generated in the room.

CEREBRO-SPINAL MENINGITIS, or Spotted Fever.—We have been informed that this disease has made its appearance in the neighborhood of Goderich and Clinton, and that already several deaths have occurred from its ravages. We sincerely hope it may not become general.

CANADIAN GRADUATES IN ENGLAND.—James McCamnion Esq., M. D., of Queen's College Kingston, successfully passed the examination of the Royal College of Surgeons Eng., on the 2nd of May, and was admitted a member of the College.

Dr. C. A. Brown-Sequard was lately Married to a young lady in Cincinnati U. S. He will return to France shortly; but is expected again in September when he will deliver a course of lectures at the Harvard Medical School.

CANADA MEDICAL ASSOCIATION.—The next meeting of the Canada Medical Association will be held during the month of September, in the city of Montreal. We trust there will be a larger attendance than last year.

We are authorized by the Registrar of the Medical Council of Ontario to state that the voting papers will be in the hands of all registered practitioners on or before the 3rd inst.—(See Advt.)

TORONTO GENERAL HOSPITAL REPORTS.

BY S.

TREPHINING IN EPILEPSY.

G—— R——, aged 17, was received into the Hospital under the care of Dr. Hodder, to be treated for Epilepsy, caused by the pressure of a portion of depressed bone upon the brain, the result of an injury received about eight or nine years ago. When about eight years of age he received a kick from a horse, a little above and posterior to the left ear causing fracture of the cranium and depression of some fragments of bone. The surgeon in attendance made some efforts to elevate the depressed portions and the boy recovered. After a time Epileptic fits began to make their appearance and continued to increase in severity and frequency until his admission to the Hospital. Upon a close examination a distinct depression could be felt over the seat of the original injury. This undoubtedly was the cause of the mischief, and it was finally decided that an operation was the only procedure that held out any hope of benefit to the patient. Accordingly the trephine was applied to the part and by means of an elevator,—considerable force being necessary—the depressed portion of bone was raised by forcing it outwards and partly breaking it off. Notwithstanding the force used and the critical nature of the operation, the patient did well. He made a rapid recovery and was soon sent home entirely cured of his trouble.

AMPUTATION AT THE UPPER THIRD OF THE THIGH.

C—— G——, aged about twelve, was admitted into the Toronto General Hospital under the care of Dr. Bethune, about two months previous for disease of the knee joint. He was put under tonics and other appropriate treatment; but the disease continued to progress. Numerous openings occurred all around the neighbourhood of the joint. The leg was much swollen and edematous, and the discharge very profuse. No necrosed bone could be detected although sinuses led in every direction, even up along the shaft of the femur. The boy rapidly lost flesh and was gradually sinking. It was finally decided with a view to save the boy's life, to amputate the leg. The operation was performed by Dr. Bethune, assisted by Drs. Hodder and Richardson of the Hospital staff. The flap operation was the one selected. On sawing through the bone it was found to be completely seperated from the periosteum, and the latter peeled off readily for some distance above the site of the operation. In consequence of this another piece of bone about one inch and a half long had to be removed, so that when completed only a very small portion of the shaft of the femur remained in the stump. The patient ultimately did well and will soon be able to leave the Hospital. Upon cutting into the joint after amputation it was found in a complete state of disorganization. The cartilages were entirely ulcerated away, and the ends of the bones bathed in unhealthy pus. The tissues around were much infiltrated and had a whitish appearance, highly characteristic of white swelling.

CORRESPONDENCE.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION,

(*From our own Correspondent.*)

The Association met on Tuesday the 7th May, in the Horticultural Hall, Philadelphia. Dr. Yandell, Kentucky, President, took the Chair, and the meeting was opened with prayer, after which Dr. Rogers welcomed the delegates to the city on behalf of the Committee of reception, and Dr. Hartshorne announced the programme for the entertainment of the distinguished visitors. The president then delivered his Annual Address in the course of which he approved of the migratory character of the association. He next referred to the present defective system of Medical Education in the United States. He reviewed the plan adopted in Germany, and said that the great demand in this country was for practical physicians, and laid great stress on the importance of Clinical Teaching. In regard to "Women Doctors," he said that their own sex did not incline to them, and he did not believe they would ever become very numerous, and he hoped they would never embarrass the association by application for membership. In the evening the delegates were entertained at the Biological and Microscopical section of the Academy of Natural Science, where about one hundred microscopes had been arranged with slides containing many interesting specimens of Natural History. Music was also provided for the occasion.

Second day. The meeting was held to-day in Dr. Wylie's (Presbyterian) Church, Broad st. The change was owing to the defective acoustics of the Hall. A resolution was then placed before the Association by Dr. Davis, of Chicago, acknowledging the efforts of the Massachusetts Medical Society to elevate the profession and to suppress quackery of all sorts, and especially assuring that society of encouragement and support in its efforts to rid itself of all pretenders. This was agreed to and referred to the Committee on Ethics. The report of the Committee on publication was next received in which it was stated that 750 volumes of the transactions of the society were published at a cost of $1549,39, of these 475 were given to members, including 23 to various Medical Journals, and 88 copies remain on hand.

The Committee on Education recommended an appeal to be addressed to the different authorities, by the Association, asking that no more charters be granted by State Legislatures, to Colleges which do not adopt the plan in reference to Medical Education, to be hereafter recommended by the Association, and that all Colleges now in existence which do not fulfil the requirements of this standard, forfeit their charters. They also recommended the publication of a National Medical Journal instead of the Transactions, the Editor to be appointed annually. The Committee also urged a meeting of delegates from the Medical Colleges to fix upon some uniform and improved plan of Medical Instruction in this country. This was referred to the publication Committee. In the evening a lecture was delivered by Dr. Noyes, in the Medical Department of the University of Pennsylvania, on certain diseases of the eye, illustrated by ophthalmoscopic pictures in the Magic Lantern.

Third Day's Proceedings.—A Resolution was passed recommending all Druggists to use colored bottles for containing external applications, and all bottles containing "poison" to have an additional label indicating the most efficient antidote. The committee on Ethics reported in regard to Alumni Associations of Medical Colleges that it was not contemplated by the Constitution of the Association that such societies should be represented. They also offered the following resolution:—"That members of the profession hired by the month or year by families, railroad corporations, etc., are to be classed as irregular practitioners and disqualified for for membership in this Association or in County or State Societies." Referred back to the State Societies. Some discussion then followed in reference to that part of the report recommending non-registration of delegates from the Academy of Medicine, Freedman's

Hospital, and the Howard University of Washington, D.C., on account of want of good standing on the part of these institutions. The charges were that some of the members were not licensed practitioners and that women were admitted to graduation, etc. The Report of the Committee was carried by a large majority. In the evening the Delegates were entertained at the residence of Thomas A. Scott, Esq.

Fourth Day's Proceedings.—The President appointed a Committee in reference to the publication of a National Medical Journal. Drs. Pollock, Westmoreland, Telley, Walker, Jackson, Weatherly and McGuire.

Professor Gross moved to substitute three lecturers to address the Association annually on Medicine, Surgery and Midwifery, instead of Reports on various subjects by committees. *Laid on the table.*

On motion of Dr. Baldwin of Alabama, a committee was appointed to consider the relations betweed Physicians and Druggists and report at next meeting.

Dr. Reese of Brooklyn introduced a resolution deprecating the Association of the sexes in our Medical Schools as derogatory to the instincts of true modesty in either sex. Indefinitely postponed.

The following officers were chosen for the ensuing year :—Dr. Logan, *President;* Dr. Wistar, *Treasurer;* Dr. Atkinson, *Secretary.* The President, Dr. Yandell, after thanking the members for their kindness and courtesy, declared the meeting adjourned to meet in St. Louis, next May.

In the afternoon the members still in the city visited Fairmount Park, with their ladies, and partook of a collation prepared for them at Belmont Pavillion.

ERIE AND NIAGARA DIVISION.

(To the Editor of the Canada Lancet.)

DEAR SIR.—At a late meeting of the Medical Association of the County of Haldimand (at which I presided) I mentioned, that as for two consecutive triennial periods the County of Haldimand had sent a representative for the above division to the Medical Council, it was only fair that the County of Brant, which had always acted in perfect harmony with our County, should have the nomination of the next candidate. The suggestion was unanimously adopted, and our Secretary, Dr. McCargow, of Caledonia, wrote to the Secretary of the Brant Medical Association informing him of our resolution, and, in reply, the Secretary wrote to us, thanking myself in, I fear, too flattering terms, for the manner in which I represented the division in the Council, and, in accordance with our suggestion, nominating Dr. Lawrence, of Paris, as my successor, and, as no gentleman in the division is more capable of representing the division worthily, I trust he will receive the most unanimous support.

I shall, in a few days, transmit you for publication, a copy of the Essay on Medical Ethics, lately read by me to the County of Haldimand Medical Association, and, which may possibly be of some use in the present position of the Medical profession in this province. Meantime, Dear Sir,

believe me, faithfully,

Yours, &c.,

THOMAS PYNE,

President of the Medical Association, Co. Haldimand.

To the editor of the Lancet.

Sir,—A correspondent appears in your last issue under the assumed character of "Otium cum dignitate," but, unfortunately, the characteristic stupidity, which crops out in every sentence, renders the whole explosion against the "Phenomena of life," an unparalleled exhibition of professional ignorance. We decline, however, entering the lists with one who assails under cover, nor shall we further try to enlighten a mind capable of perpetrating the gross absurdity, "that where congestion is, temperature is diminished in consequence."

J. G. FREEL, M.D.

Markham, May 15, 1872.

Medical Schools.—The announcement of the College of Physicians and Surgeons, Kingston, for 1872-3, will be found in our advertising pages. The staff is the same as that of last winter. The Detroit Medical College has inaugurated a winter course of lectures. The preliminary term will commence in September, and the regular term in October.

BOOK NOTICES.

Pulmonary Consumption.—Its nature, varieties, and treatment with an analysis of 1000 cases, by C. J. B. Williams, M.D., and C. T. Williams M.D. Phil.: H. C. Lea, 1872. 8vo. pp. 315.

Dr. Williams, senior, is a well known and distinguished author, and this work we have no doubt will be sought after by all reading men in the profession. His theory of Consumption is "that it arises from a degradation of the plasma or nutritive material by which old textures are removed and new ones formed." The 1000 cases selected for analysis, are taken from notes on about 25000 which came under his observation during a period of 30 years. They are divided into two groups; phthisis of inflammation and phthisis of constitutional origin. The first embracing varieties designated chronic pneumonia, suppurative, scrofulous, catarrhal, albuminous, hemorrhagic, &c., and the latter, tuberculosis acute and chronic, and scrofulous consumption. With regard to treatment, cod-liver oil, good nutritious food, and tonics, constitute the principal remedies. As tonics, he places most reliance on iron and quinine, unless inflammation exists, when calumba, chiretta and cascarilla are more suitable. He recommends the pale oil, in tablespoonful doses, to be administered after eating, combined with an aromatic bitter, acidulated with a mineral acid. He frequently adds the tonic to the oil, and finds it to work well. Pure air, and gentle and varied exercise are also forcibly dwelt upon in the management of this unfortunate class of patients.

Diseases of Women.—By T. G. Thomas, M.D., of New York. Philadelphia: H. C. Lea. Toronto: Adam Stevenson & Co.

This is the third edition of Dr. Thomas' excellent work on diseases of Women. It has been thoroughly revised, many portions re-written and several new chapters introduced. The work is improved in every respect, and is still more worthy of the confidence of the profession as a guide in the treatment of diseases peculiar to women.

Diseases of Women.—By Sir J. Y. Simpson, edited by A. R. Simpson, M.D., of Edinburgh. New York: D. Appleton & Co.; Toronto: Copp, Clark & Co.

Diseases of Bones.—By T. M. Markoe, M.D., College of Physicians and Surgeons, New York. D. Appleton & Co., publishers.

The Ontario medical Register for 1872, published by the authority of the Council, by Stewart & Co., Hamilton—Price, 75c.

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. JULY, 1872. No. 11.

Original Communications.

MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHARINES, Jany. 2nd, 1872.

Dr. F. S. Mack gave an interesting account of a case of placenta prævia; he was called in on the morning of the 22nd December, ult., to meet Dr. Considine, of Port Dalhousie, in a difficult obstetric case. Mrs. H——, the mother of two children, had been suffering from intermittent fever, and had experienced several slight hœmorrhages, which yielded to rest, and the recumbent posture. Hœmorrhage commenced on the morning of the above date profusely, and accompanied with irregular uterine contractions, attended by increased discharge of blood. Other measures failing, Dr. Considine had recourse to the tampon; which, having failed, had been removed just before the arrival of Dr. F. S. Mack.

He found the patient exsanguinous in a marked degree, restless and exhausted. Stimulants were freely given, and continued throughout, and, after allowing half an hour to elapse, to permit her to rally a little, Dr. F. Mack proceeded to examine per vaginam; he found the os dilated to about the size of a crown piece, and high up; could introduce one finger in the cervix, and distinctly feel the placenta covering the os. A gush of blood accompanied each pain. As exhaustion was rapidly increasing, it was decided upon, in consultation, to attempt immediate delivery. Dr. F. M. then proceeded first to pass with some difficulty, three fingers through the os, and, by persevering steadily, the whole hand was soon introduced into the uterine cavity. Cautiously detaching the placental adhesions, he tried to deliver that mass first; but, finding it impossible, he at once pushed his hand completely through it; ruptured the membranes, and soon reached the right foot; seizing the feet, he brought them down into the inferior strait, and waited for a restoration of uterine action, which had become suspended. Infusion of ergot was administered, and in about twenty minutes regular parturient efforts were brought on, and a still-born child along with the secundines, complete, were extracted—examination proving that the entire uterine contents had been expelled.

An abdominal bandage and compress were applied. No hœmorrhage occured from the moment the membranes were ruptured. The patient made a good recovery. Nutritious diet, quinine and vaginal injections of tepid milk and weak carbolic water were administered until convalescence was fully established.

Tuesday, January 28th.

Dr. Sullivan wished to remove any doubt respecting the words "Accidental Vaccination with Grease," in the last published report of the minutes of this Society. He did not consider that any identity existed between the two forms of virus. Dr. Sullivan reported a case of hysterical retention of urine after parturition, in which he drew off from the bladder at one time, nearly three quarts of urine. Dr. Goodman desired to call attention to the case of Mrs. L———, a patient of his, who was suffering from erosion of the os and cervix uteri, but in whom the ordinary objective symptoms of that affection were almost entirely absent.

Owing to this obscurity, the Dr. attributed the circumstance that her former medical attendant had overlooked the *cauas morbi*, and that the poor woman was allowed to suffer unrelieved for four or five years.

The Dr. said that the characteristic pain in the left iliac region, which is almost pathognomonic of uterine disease, the pain along the course of the crural nerves, the bearing down, the distressing pains in the lumbar or sacral regions, the nausea, the anorexia, the irregularity of the bowels were all absent. The tongue was clean, the appetite good, the pulse normal, the bowels regular, and the patient looked well nourished.

The only objective symptom which appeared to indicate something wrong with the uterus, was the occasional appearance at the ostium vaginæ of a slight, greenish-yellow muco-purulent discharge. The patient complains of pain in the right hypochondriac region, lancinating in its character, and radiating, as it were, over the epigastrium. The pain is aggravated after exertion, and at the menstrual periods. She is very nervous and depressed, bursting into tears on the slightest provocation, very despondent, very garrulous, and very imaginative. It had been "revealed to her in a dream," that "the covering of the liver, where it joins the ribs, was in a diseased condition;" and this she firmly believed, until the introduction of the speculum disclosed a more tangible cause for her suffering. The intra-vaginal portion of the *cervix uteri* was almost entirely denuded of mucous membrane, the papillæ were enlarged, the diseased surface was intensely red, and bathed in a muco-purulent secretion of a greenish-yellow color. In short, it was a typical case of ulceration of the os and cervix, like those described and gorgeously painted in the books, one that would have rejoiced the heart of Dr. Bennett. He believed that he had discovered the *fons et origo mali*, and he cauterized the diseased surface with a great deal of savage satisfaction. Forty-eight hours after the cauterization he directed the patient to begin the use of injections of sulpho-carbolate of zinc, (as first recommended by his friend Dr. Mack, in the treatment of *vaginitis*), in the proportion of one drachm of the salt to a pint of rain water. Having observed the calming and strengthning influence produced by the shower bath and cold sponging in chorea and other nervous affections, he directed the patient to take cold sponge baths, using water impregnated with "Atlantic sea salt." As a *placebo*, he gave her a mixtnre containing *chloric æther*, fluid extract of valerian, and *sp. lavandulæ co.*, to take when the pain was severe, and her feelings were too much for her. He intended to cauterize the diseased *os* and *cervix* every ten days, until cicatrization took place, when he hoped to be able to report a happy *denouement*. He had mentioned the case because of its rather anomalous symptoms, and because he considered it a good example of reflex action, or rather suffering the excitation applied to the peripheral extremities of the nerves in the *os* and *cervix* being conveyed to the spine, and thence reflected as a sense of pain through the intercostal and abdominal nerves. He believed it to be a good plan, whenever there is any obscurity about an affection occuring in a member of the "fair sex," (especially when the symptoms are different from anything you have been in the habit of observing in men), to suspect "something wrong" with the internal organs of generation. The adoption of this course had "stood him in good stead" more than once.

TUESDAY, February 6th, 1872.

Dr. Mack directed the attention of the Society once more to the subject of pelvic cellulitis; its suppurative termination had been fully discussed upon former occasions, he now wished to draw attention to the termination in thickening and induration of the sub-peritoneal connective tissue, and vicious adhesions and contractions, from which so many mal-positions of the uterus, and embarrassments of the ovaries, directly resulted.

The diagnosis of this induration following cellulitis, is not so simple or easy as might at first appear, especially if made without any history of the case, or knowledge of the fact of distinct cellulitis having pre-existed.

First: the changes produced by fibrinous exudation in peritonitis resemble in many respects, and even complicate those springing from peri-metritis. The thickening from effusion into the sub-serous filamentous tissue, and from thickening and hardening of the membrane itself from development of new vessels in a loaded condition, or some new deposits on the free surface, is not so extensive or so hard, and does not communicate upon examination the suspicion of the existence of a tumour. The hard circumscribed patches detected under the abdominal walls, do not give upon conjoined palpatation the well defined boundaries of a tumour—the margins being as it were lost in the surrounding parts. Sometimes it is extremely difficult to diagnose between this indurated sequelæ of cellular phlegmasia, and pelvic exostosis; the attachment to the bone appears as close, and the sensation of hardness being identical, the history of the case must here be our principal resource. Adhesions and alterations of tissues with neoplasms, resulting from peritonitis or peri-metritis of Virchow, are attended with a far more profound alteration of general health and greater lesion of nutrition than the thickening and swelling to be detected after pelvic cellulitis. An exploring trocar can be passed into the hard swelling in this latter disease, while in pelvic exostosis, it is extremely difficult, and sometimes impossible to penetrate with such an instrument. As to treatment, Dr. Mack believed constitutional remedies alone to be reliable; the various ointments employed to promote absorption, are worse than useless; so with blisters; the only local remedies deserving the name, are hip-baths, wet compresses and poulticing. "Chrono-thermalism," as it has been termed, offers more resources than any other system of medication.

Constitutional remedies, steadily persevered in, generally succeed in the course of time, in bringing about absorption, such as change of air and scene, tonics, remedying the local diathesis by quinine, sulpho-carbolates, &c.

The pains which are most distressing, especially when the disease is complicated by any peri-metritis or inflammation of peritoneal tissue and its sequelæ, must be promptly relieved by the bromides, chloral, or hypodermic injections of morphine, or atropine. It is very necessary to keep the rectum well emptied. Dr. Mack had found $\frac{1}{40}$ to $\frac{1}{20}$ of a grain of atropine very useful in allaying pain, and relieving constipation.

Dr. Goodman reported a case of rheumatic iritis, where fluid ext. of belladonna had been effectual in maintaining dilatation of the pupils, and preventing adhesions.

. Dr. Mack remarked, that ext. belladonna was more reliable for the purpose than solution of atropine, which had been long prepared. A case had occurred to him where the solution failed to dilate, and a slight adhesion had resulted, in the short space of one night; softened extract of belladonna rubbed in circum orbitally, acted satisfactorily upon this case afterwards.

Dr. Grote reported a case of severe cerebral symptoms, evidently the result of concussion, which manifested themselves two or three days after the accident occurred, without any symptoms of injury to the brain, immediately after the injury was received. The inflammatory symptoms yielded finally to treatment.

GLAUCOMA.

BY R. A. REEVE, B.A., M.D., LECTURER ON OPHTHALMIC
AND AURAL SURGERY, TORONTO SCHOOL OF MEDICINE;
AND ASSISTANT SURGEON, TORONTO
EYE AND EAR INFIRMARY.

Case I.—Mrs. E——, of C——, a farmer's wife, aged 56, was sent to me, June 17, with the following history: She had been in good health and accustomed to hard work until a year ago (July, '71), when she began to suffer from what she termed dyspepsia, with nausea, vomiting, &c., accompanied by headache, pain in the eyes, eyebrows, temples, and down the sides of the nose. Prior to that date she had had no pain in her eyes but the sight of her left eye had been failing for six months, and was then quite dim. The pain in and around the eyes would return frequently, and last for a few hours. At such times the sight became worse, but would clear up a little as the pain subsided. The last of these attacks occurred about two months ago, but she had suffered more or less since then from frontal headache. After the right eye became affected, she often noticed rings of various colors around the flame of the lamp. In Nov., '71, the left eye became totally blind. In Jan., '72, the patient could merely distinguish day from night with the right eye, and in March the sight became altogether extinct. She had been an invalid from July until three months ago. The disease of the eyes seemed to her due to the neuralgia in her head; she had given the so-called patent eye-cups a faithful trial in Feb. and March but with no apparent benefit! Spectacles had been required for twenty years for sewing, reading &c.

Examination.—Right eye, vision *nil*; no pain or tenderness; eyeball so hard that firm pressure makes little or no impression

(+ T 3); subconjunctival vessels in the course of the recti muscles much enlarged; cornea hazy and not very sensitive; anterior chamber shallow; iris dull, discolored, partially atrophied, and adherent to the lens; pupil dilated, oblong, and fixed, and yielding a yellowish-green reflex; (with ophthalmoscope), lens and vitreous hazy; retinal vessels (veins) dilated and tortuous and curving abruptly over the edge of the optic disc, which presents the tyjpical appearance of the glaucomatous or pressure excavation. Left eye—vision *nil*; globe not painful or tender, but extremely hard (+ T 3); episcleral vessels numerous and swollen, and a venous network encircling the cornea, which is but moderately sensitive; anterior chamber very shallow; pupil dilated, circular, and fixed, and occupied by a mature, hard cataract, which with the narrow edging of atrophied iris, lies almost in contact with the cornea.

Diagnosis. — Acute inflammatory glaucoma, ending in the "glaucoma absolutum" of Von Græfe. The cataract must have been secondary, or very possibly it was partially developed in July, when the glaucoma supervened.

Prognosis.—There is not the faintest hope of restoring even a slight degree of sight. Treatment can now be merely palliative. It would be very difficult to say what will be the ultimate result. The eyes may remain comparatively quiescent, or inflammatory attacks may recur, ending finally in complete degeneration of the eyeballs. An iridectomy was suggested as the only means of securing permanent immunity from the attacks of pain, ciliary neuralgia, &c. The patient demurred to the operation, and returned home, preferring to try morphine, leeches, &c., which she was advised to use during any exacerbations that might ensue.

Case II.—September 6th.—Mrs. H———, æt. 56, gives the following history. She is naturally healthy, and of active habits and nervous temperament; but has been ailing the last few months.

March 1st.—She was seized with acute pain in and around the right eye, that remained for several days, and then passed off, leaving the sight dim. The patient consulted a surgeon, who diagnosed cataract.

On the 1st of June, a second severe attack occurred, and the sight was so impaired that she could not count fingers. The eye continued sore for some time. The patient was advised by her physician to travel, in the hope that as her health was regained, the eye would improve.

September 4th.—She walked a long distance to market, and afterwards read for several hours. At 6 p.m., the left eye, which had hitherto been unaffected, was attacked with intense pain, and became blind; and the pain did not abate, and no rest was obtained, until the morning of the 6th.

EXAMINATION.—The right eye has been lost by acute glaucoma, which has just made an onset on the left. Right eye—vision reduced to mere perception of light; globe hard, + T 2; subconjunctival vessels turgescent; cornea insensitive to the touch, and its posterior surface mottled; anterior chamber very shallow; iris discolored; pupil large, oval and fixed; and lens cataractous.

Left eye.—External congestion, and serous chemosis; patient can count fingers; tension increased; cornea mottled and insensitive; iris dull; pupil dilated; humors turbid.

September 7th, 10 a.m.—The patient rested last night. She has only slight pain in the eye; vision $\frac{1}{30}$: tension still high. Paracentesis corneæ was done, the aqueous humor being allowed to drain away slowly. The eye was covered, and the patient enjoined to keep quiet.

September 8th.—The eye has improved. There is less injection and chemosis; the tension is diminishing, and the sight improving; vision $\frac{1}{15}$. The tapping of the anterior chamber was repeated.

September 9th.—The improvement continues.

September 11th.—The eye is free from pain; there is only trifling external hyperæmia; the tension is normal, T n.; vision $\frac{1}{3}$; the aqueous humor is clear; the iris has regained its bright lustre; the pupil is smaller and moderately active. The patient can read small print.

September 14th.—The pupil is of about the normal size, and and responds readily to light. The visits were discontinued. The nature of her affection was fully explained to the patient, and she was told that although the eye had not been materially injured by the first attack, it would ultimately share the fate of its fellow unless the disease was arrested by timely operative treatment—iridectomy. This seasonable advice was not acted upon, unfortunately for the patient, and when last seen she was practically blind.

Case III.—Chronic Inflammatory Glaucoma of Right Eye and Premonitory Stage (?) of Left.—Mrs. C——, æt. 72, had to nurse an invalid for a considerable time about two years ago, and was herself in poor health afterwards. She has been compelled to wear spectacles for forty years, and remembers that about a year ago she had to increase the strength of her reading glasses, using a weaker pair in walking, &c. The sight of the right eye began to fail noticeably nine months ago, and it has been blind for a month. The eye was frequently quite painful for a short time, but the ball never looked inflamed. Colored rings were occasionally noticed round the flame of the lamp.

The left eye is weak and watery; there has been no pain in it, but the sight has failed somewhat; can read only for a little while now; a few months ago could read half the day. The right eye is almost blind, has mere perception of light; the ball is rather suffused; subconjunctival vessels swollen and tortuous; tension very high, + T 3; anterior chamber shallow; iris partially atrophied; pupil large, immoveable and yielding dull greenish-yellow reflex; optic nerve deeply cupped.

Left eye, hypermetropic and presbyopic; vision $\frac{14}{100}$; with + 15 lens, far vision $\frac{14}{15}$; with + 8, reads brilliant type at eight inches; iris healthy; pupil small and active; field of vision large and good; moderate photophobia; lens hazy (senile opacity); hyperæmia of the optic disc, apparently abnormal, but no perceptible cupping.

The patient was enjoined to spare the eye as much as possible, to wear constantly + 15 glasses, blue-tinted, and + 8 for reading, but to read very little, and only large, clear type, and not by artificial light. She was warned of the likelihood of the left eye becoming affected, and was advised to apply without delay if an attack seemed impending.

Case IV.—J———P———, æt. 40, a large, muscular man, an upholsterer, has been fond of his cups for years, and often on the spree, but was never sick a day of his life. The sight of the left eye began to fail four years ago, and that of the right, six months afterwards. There was occasionally a sensation of heat in the eyes, but they never seemed inflamed, nor has there ever been any pain in them. The sight of the left eye was lost two years ago, and, until about nine months since, the patient could read a newspaper and thread a needle, with the right one.

The left eye is in an advanced stage of simple glaucoma. The ball is very hard, + T 3, and there is only quantitative perception of light. The right eye is the seat of progressive simple glaucoma; the vision is only $\frac{1}{50}$; the tension is much increased, + T 2; there is some suffusion of the eye, and the veins over the recti are swollen; the anterior chamber is rather shallow, and the pupil slightly dilated and sluggish.. The upper half of the field of vision, and the upper two-thirds of the inner half are a complete blank. The ophthalmoscope shows cupping of the optic nerve. The patient was advised to have an iridectomy done on the right eye at once, as the only means of arresting the progress of the glaucoma, and saving his present vision. He has not yet, however, presented himself for the operation.

(*To be continued.*)

THE WARM BATH IN URÆMIC ECLAMPSIA.

BY ——— ———.

One evening, a short time ago, I was sent for in great haste to see a patient about twelve miles from my office, who was said to have convulsions. I immediately obeyed the summons, and, on my way to the patient's residence, I ascertained something of his history, from the messenger. The patient was a stout, healthy lad, about 18 years of age. He had been attacked with a mild form of scarlet fever about three weeks previously, from which he had apparently made a rapid recovery, and seemed to be doing very well, until about the 21st or 22nd day, when some punffiess of the face, and especially of the eyelids became apparent, and he complained of head-ache, and passed very little urine—and that of a thick turbid appearance. On the morning of the 25th day from the attack of scarlet fever, he was seized with epileptic convulsions. A medical man in the immediate vicinity was called in. He administered chloroform, applied mustard to the spine, draughts to the feet, &c. He remained with the patient most of the day, and left in the evening, saying, that he would not live through the night. This alarmed the friends, and they had therefore sent for further medical counsel. I arrived about twelve o'clock at night; on entering the room, I found the patient in a comatose state, with a recurrence of the convulsions every ten or fifteen minutes—having increased very much in force and frequency during the past twelve hours. The pulse was about 130 per minute; inspirations about 30; pupils dilated; skin harsh and dry. He had passed very little urine during the last 24 hours, and it was high colored and loaded with albumen. I diagnosed the case as one of uræmic intoxication, arising from desquamative nephritis, and treated accordingly. I ordered a warm-bath, a large wash-tub being extemporized for that purpose. I had him seated in the tub, and wrapped hot blankets around his legs and shoulders. He was kept in this position for ten or fifteen mtnutes, and then put to bed, and friction applied to the surface of the body. Ice was applied to the head; and as deglutition was impracticable, I ordered three drops of croton oil to be placed on the tongue. This produced a free evacuation of the bowels in a short time; the skin became moist, the convulsions gradually diminished, and ceased entirely in about three hours. I remained with the patient until five o'clock in the morning. He had no return of the convulsions during this time, but he was still unconscious. I could hold out no hopes to the friends of his ultimate recovery, although I had been able, by means of the bath, to break up the convulsions in the mean time. I now left the patient, but fearing a return of the convulsions, I directed the repetition of the bath, about 6 o'clock in the morning. This was done; and about three or four hours afterwards consciousness returned: and, upon my second visit, I found him in a much better condition, with a fair prospect of recovery. The patient continued to improve under ordinary treatment, and in a short time was able to attend to his usual duties.

Since then I have adopted this plan of treatment in several instances; and it has invariably been attended with marked success. The safety of the patient in all such cases depends upon a free action of the integument, without which no other treatment is of any avail. Frerichs strongly recommends benzoic acid in such cases; but I cannot say that I have ever seen any benefit from its use. Chloroform is highly spoken of in the treatment of this affection. There is no doubt that in some forms of epilepsy—such as those arising from some form of eccentric irritation—chloroform is exceedingly serviceable; and has proved so in my hands on more than one occasion; yet, I cannot help thinking, that in cases in which the epilepsy is due to a blood poison, it is worse than useless—nay, positively injurious.

Selected Articles.

ON DEATH FROM CHLOROFORM: ITS PREVENTION BY GALVANISM.

Death from chloroform is now an announcement unhappily appearing so often in the medical journals, that it becomes the duty of those who have seen much of its use, to lay the results of their experience before the profession; the more so, if they know, or think they know, one remedy more than another likely to arrest the mortality from that drug.

Ether, chloroform, and other anæsthetics, have been in constant use at the Bristol Royal Infirmary since their first introduction into notice. Three deaths from their use have occurred at that institution during this period.

Case i.—The first occurred in the practice of my colleague Mr. Harrison, then senior surgeon to the Infirmrry. Chloroform was administered to an elderly woman in the ward, before bringing her into the theatre for operation. A second drachm of chloroform was being inhaled, when, after a few stertorous respirations, the pulse and breathing suddenly ceased. Mr. Hore, the house-surgeon, immediately employed the usual means. The surgeons were sent for; and, when they saw the patient, she appeared dead. Galvanism was then tried; it "produced some convulsive efforts of the respiratory muscles," but animation was not restored. (*Association Medical Journal*, 1851, p. 109.)

Case ii.—The second case occurred in the practice of my colleague Mr. Prichard. Chloroform was given to an elderly man on the table in the theatre. After a short inhalation from the first drachm, a few convulsive respirations were followed by the sudden stoppage of the heart's action and of breathing. We were all in the room at the time. Galvanism, artificial respiration, &c., were at once tried; the first caused strong contractions of the face and trunk, but had not the slightest effect on the heart; the latter was kept up for nearly half-an-hour through an opening in the trachea, but without any effect on the heart.

In this case, paralysis of that organ was so complete, that all means failed to excite its contractions, and death was the result. Those who have not seen a spectacle of this kind can hardly realise what a painful and distressing thing it is to look upon. On examination after death, the "external surface of the heart was found covered with fat;" and "the muscular structure generally was pale, and contained much fat, deposited in rows among the fibrillæ." (*British Medical Journal*, 1858, p. 207.)

The third case occurred in the out-patient room of the Infirmary, and is reported by Dr. Ludlow, the house-surgeon. The first two cases I witnessed; but I saw nothing of the last. Since the second case, no death has happened in the operation-room. I have now to mention some cases where recovery took place, under circumstances quite as bad as those before related.

Case iii.—The following case occurred at the Infirmary. I had operated on a boy for stone, under chloroform. The operation was over; the boy was untied, and about to be taken to his ward; all present had left the room, except Mr. Webster, (then a pupil), myself, and the nurses. Seeing everything safe and well, I left the table, and was going into the consultation-room, when Mr. Webster called after me to say that the pulse had stopped. On turning round, I found the boy deadly pale and pulseless, and his breathing stopped. The galvanic battery was in the theatre ready for use, and it was instantly applied. After a few seconds, both pulse and breathing returned, and the patient entirely recovered. It is impossible to imagine anything more decided than the effect of galvanism in this case; and it is the more remarkable, as the pulse ceased to beat some time after chloroform had been discontinued.

Case iv.—An elderly man was brought into the theatre for operation by Mr. Prichard. A small quantity only of chloroform had been given, when the pulse suddenly stopped, and the man appeared dead. The galvanic apparatus was near, and was instantly used. A deep and rapid inspiration, succeeded by a strong noisy expiration, like a loud groan, was the immediate result; and at the same time he started up into the sitting posture. The circulation was at once restored, and he entirely recovered. All these things occurred in little more time than it takes to describe them: one thing followed another so rapidly.

Case v.—The next case occurred in the practice of my much regretted colleague, the late Mr. Ralph Bernard. An elderly woman was placed on the table to have the trachea opened for disease of the larynx. The veins of the neck were large and numerous, and a good deal of blood escaped; hence Mr. Bernard was obliged to proceed slowly in exposing the trachea. Perhaps half an hour was occupied in this way; when the pulse suddenly stopped, and to all around she appeared dead. Galvanism was instantly applied, with the same result as in the last case. Circulation and respiration were instantly restored. The trachea was then opened in the usual way.

Case vi.—The next case occurred to myself. A boy was on the table for operation. A small quantity of chloroform was given, when suddenly the pulse became hardly perceptible, but did not stop entirely. Galvanism was at once used by Mr. Crisp, of Swallowfield, then house-surgeon; and in an instant recovery was the result.

Case vii.— The next case was that of a girl placed on the table for amputation of the leg by Mr. Bernard. Chloroform was being given, when suddenly the pulse stopped. Galvanism was at once used, and instant restoration was the result. She was taken back to the ward. The next day, half a tumbler of brandy was given her. She was brought into the theatre, the tourniquet slightly screwed; and the leg was taken off by Mr. Bernard· When again in her ward, she did not know that her leg had been removed.

The last death from chloroform occurred in 1858. Since that time, no fatal case has happened in the operating theatre. The third death took place in the out-patient room.

From so many fatal and nearly fatal cases happening in one institution, it may be thought that the agent was not properly administered—perhaps not sufficiently diluted. Chloroform has been generally given by the house-surgeon; a drachm placed on a sponge held over the mouth and nose, and taken off from time to time to allow fresh air to enter; the finger being kept constantly on the pulse. No accident has now happened for some years, so that it may be inferred that this method of administration is safe. The last five cases here related can leave no doubt as to the fact that galvanism saved life in each of them; that the pulsations of the heart stopped in an instant, and were as instantly restored by this agent. In all the recorded cases which I have met with, there are not to be found five successive cases similar to those mentioned—that is, where restoration was instantaneous. Cases are recorded where the pulse and breathing suddenly stopped, and were restored by artificial respiration. The most recent is related by my friend Mr. Clover; and, from his experience in the administration of anæsthetics, there cannot be found a more accurate authority than he is. Mr. Clover relates a case where, after chloroform had been used, the pulse and breathing suddenly stopped, and were restored by carrying on artificial respiration for about a minute. (*British Medical Journal*, 1871, vol. ii, p. 33.) I would, however, suggest to Mr. Clover that the minute thus spent might make the difference between life and death. One of the best cases I know, where artificial respiration succeeded in instantly restoring the action of the heart after it had suddenly ceased, occurred in the practice of Sir William Ferguson. Dr. Snow was administering chloroform to a "tall thin elderly lady, with a small and feeble pulse," (a bad subject for chloroform, evidently having a very weak heart); suddenly the breathing ceased, and the pulse could not be felt. Sir William, with the promptness and readiness for every emergency which belongs to that accomplished surgeon, at once applied his mouth to that of the patient, and made a strong expiration, which expanded her chest fully, and immediately the heart began to beat. Snow on *Chloroform*, p. 260.) * * *

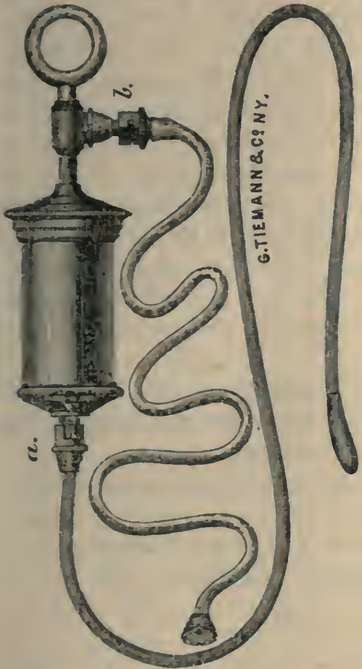
Electricity is the most powerful agent with which we are acquainted for exciting muscular motion even after death. Dr. Ure's experiment is well known, when by electricity he brought on strong muscular contractions in a man who died by hanging an hour before the experiment. Death from chloroform is caused by the cessation of muscular action, by paralysis of the heart; if electricity be the most potent agent known to excite muscular motion, it follows not alone as a physiological fact, but a logical truth, that electricity in some form or other must be the most powerful agent known to restore animation when suspended by chloroform. Galvanism has often been used after those accidents, and is said to have failed. Seven cases in which it proved unsuccessful are reported in Dr. Snow's last edition of his work. The same story is to be found in all of them; other means were used, the apparatus was sent for, adjusted, and tried; of course it failed, it came too late; to be successful it must be ready for instant use—on that depends its success. Seconds or minutes make the difference between life and death. The truth of this is so strongly impressed on my own mind, that I have not for many years ventured to operate under chloroform, either at the Infirmary or in private, without having the galvanic apparatus ready for instant use; and I must express the opinion that chloroform should never be administered without the same precautions being taken. Deaths from chloroform are now so frequent (it has been said one in a week), and we are told that many deaths from this cause are never reported at all, that the time is not far distant, when the public safety will demand some inquiry into the use of this deadly agent, more comprehensive than anything hitherto done in that way. This inquiry may be made by any tribunal—say, a joint committee of the Colleges of Physicians and Surgeons, and it could not be in better hands, assisted, if they wish it, by men who have given special attention to this subject—such as Mr. Clover, Dr. Richardson, &c.

The inquiry should embrace several matters; first, whether any and what precautions should be taken before the use of chloroform or any other anæsthetic; next, to ascertain the best and safest of them, and the best and safest means in which they can be administered; and, lastly, the best and surest means to prevent fatal accidents from their use. * * *

[When galvanism is employed, the rotatory battery now in general use answers the purpose well; it is portable, always ready, and easily worked. One pole should be applied to the neck, and the other over the lower ribs at the left side.]—(*Dr. Green in British Medical Journal.*)

IMPROVED STOMACH-PUMP.

The stomach pump is such an important instrument that no practitioner of medicine should be without one. By it an operation can be performed which can be done by no other contrivance——an operation which, in the large majority of cases, is the direct means of saving life. The circumstances demanding its use are such as to admit of no delay—no opportunity, perhaps, of sending to an instrument-maker or borrowing of a neighbor-physician. Especially is this the case in country practice, and it would not be saying too much that many a case of poisoning is allowed to die which the possession of this instrument and its prompt use might save. The various stomach-pumps heretofore in use have been more or less complicated, apt to get out of order, and more or less inefficient. We present an improved instrument of this sort to our readers, which was devised by Messrs. Stohlmann & Pfarre, of the firm of Geo. Tiemann & Co., of New York, and is represented in the accompanying cut.



The syringe is constructed of hard rubber, is of the capacity of half a pint, and is provided with the ordinary stomach-catheter, which is attached to its nozzle by a bayonet-catch. The nozzle is separated from the chamber by means of a perforated diaphragm, against which rests the base of a conical plug-valve. The piston-rod is perforated to communicate with a nozzle at right angles with it, and just below the handle. This shoulder is supplied also with a conical plug-valve, the apex of which is directed towards the piston. To this second shoulder or nozzle is attached, by the bayonet-catch, an india-rubber tube, the distal extremity of which is provided with a fenestrated cup-shaped weight.

The arrangement and construction of the pump is such that by a working of the piston the fluid is made to pass through the stomach-catheter, thence through the tubular piston, and finally through the rubber tube into the bowl. The current can be made to pass only in one direction, and this is, after all, sufficient, and can be employed to pump fluid into the stomach as well as out of it. The former operation is done by merely shifting the relative positions of the stomach-catheter and rubber tube. The former is attached to the piston-nozzle and the latter to the nozzle proper. A bowl, with the injection, receives the cup-shaped extremity of the rubber tube, and the current through the instrument, although always the same is thus practically reversed.

The instrument is exceedingly simple, not liable to get out of order, and can be used at a moment's notice with as much ease and efficiency as any ordinary hard-rubber syringe.

To empty the stomach use the instrument as represented in the cut.

To pump fluids *into the stomach* attach the Catheter to the piston nozzle (*b*) and the soft tube to (*a*),—*Medical Record.*

VACCINATION DURING PREGNANCY.

The fact that some physicians entertain the opinion that it is improper to vaccinate pregnant woment on account of inducing abortion or miscarriage, leads me to give the result of that operation as practised in the obstetrical wards of the Philadelphia Hospital.

Professor Charles D. Meigs, in his work, "Woman: her Diseases and Remedies," Philadelphia, 1859, p. 597, says, "Pregnant women ought never to be vaccinated. This is a rule I advise you not to depart from even on the most urgent occasion. If a woman have been once vaccinated, and appeal to you to revaccinate her because there is a present variolous epidemic, I hope you will refuse to accede to her request. . . . . I have been the witness of dreadful distress from the operation. Eschew it, I entreat you."

This language, strong and confident as it is, has not restrained the resident physicians of the Philadelphia Hospital from vaccinating pregnant women during the past six months.

On the rapid increase of smallpox in this city last fall, all patients entering the hospital were vaccinated, and since the first of last October more than one hundred pregnant women have been revaccinated. The operation was done in the receiving-ward with the best virus that could be obtained, selected by Mr. Bender. apothecary to the hospital.

All the crusts looked typical, and were of first-class quality. Cross-barring was the favorite method of vaccinating with most of the physicians.

All the pregnant women in the hospital October 1, 1871, were also revaccinated.

I am unable at this date to give exactly the whole number of cases. their condition at time of vaccination, etc., but can speak with positiveness from January 1st of this year. At that time I went on duty as resident accoucheur, and, with the assistance of my colleague Dr. Harris, I was able to collect *notes of forty-eight cases,*—all cases of revaccination; and in some of these the operation had already been performed twice. All the women were in apparent good health, varying in age from 17 to 30 years. I made two insertions in each case, on the same arm, below the deltoid muscle. Most of the patients showed fair cicatrices of previous vaccination in infancy. More than half the forty-eight cases were advanced beyond five months in pregnancy.

The operation proved successful in all but thirteen cases, and in no case were any unusual symptoms manifested.

Some of the women suffered considerably with their arms, particularly one German woman, advanced in pregnancy over seven months, whom I revaccinated with cowpox. Her arm was swollen from the shoulder to the wrist, and its surface covered with a diffused erysipelatous inflammation. She was delivered at full term of a fine boy. Her labor was natural in every respect. Since January 1st there have been some mis-carriages, but they occurred in those in whom the vaccination proved unsuccessful.

These results may dispel the fears and anxieties of some practitioners, and prevent them from withholding from this class the only reliable preventive of small-pox. Our own experience confirms that of other observeas.

Tanner, "Signs and Diseases of Pregnancy," sanctions the operation. Other prominent authors whom I have consulted—some eight or ten in number—say nothing about the subject.

Dr. Barnes, the *British Med. Journal*, March 4, 1871, urges the importance of vaccinating pregnant women if they are at all exposed to the epidemic influence of smallpox, for these reasons:

1. Pregnant women, living under epidemic or zymotic influeencs, are more prone to take the prevalent morbid poison than others.

2. Having taken a morbid poison, they are less liable to throw it off. Their excretory organs, charged with the double duty of purifying two organisms, are liable to break down under the burden.

3. The poison then pursues its course into a system which is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.—Against this there is certainly a danger of producing abortion by vaccinating a pregnant woman; but this, Dr. Barnes thinks occurs only in women in whom a miscarriage is imminent.

In the London *Lancet*, February 3, 1872, George Yarrow, a public vaccinator, speaks of having notes of twenty cases of pregnant women which he has revaccinated, and remarks that he must have vaccinated many more, and never hesitates to perform the operation. He refused to vaccinate in but one case, and she habitually aborted.—*Dr Jamieson in Med. Times.*

CAUTERIZING VENEREAL SORES.—Dr. J. D. Rogers, of this city, believes the following to be a decided improvement on the present method of cauterizing venereal sores, as it causes little or no pain, and seems to give quite as favorable results. First, saturate the sore with a solution of carbolic acid (gr. xx. to aq. ℥ j.), using a brush, or atomizer, the latter being preferable; then touch the part with pure carbolic acid, followed by pure nitric acid. The above has given him entire satisfaction for nine or ten months past, and, he doubts not will be valued by those who choose to try it.—*Med Record.*

OPIUM-POISONING,

TREATED BY ARTIFICIAL RESPIRATION AND ELECTRICITY.

C. W., æt. 24, having been in trouble and drinking freely for several days, on the 4th of April, 1872, drank more freely than before. At 7 p. m. he went to his room, where his brother found him at 7.30 sleeping soundly. Becoming alarmed at 8:30 by the heavy breathing, his brother attempted to wake him, but failed, and in his attempts discovered a two-ounce vial containing half an ounce of laudanum.

Dr. D. W. Hand, Dr. C. H. Boardman, and ourselves were summoned, and arrived at about 9. At this time shaking, slapping, pricking, etc., were in no way heeded. His muscles were perfectly relaxed, his face livid, pupils contracted, extremeties blue and cool, respiration slow and noisy, pulse full and slow.

The stomach-pump was immediately used and the stomach thoroughly washed out. It was evident, from the character of the contents obtained, that most of the laudanum had been absorbed.

One-forty-eighth of a grain of atropine was administered hypodermically at 9:45, and one-twenty-fifth of a grain at 10:15. By this time the respirations had become very infrequent (four to a minute,) irregular, and shallow. The poles of a magneto-electric battery were applied over the phrenic nerve in the neck and around the base of the chest. The respirations were quickened and improved for five or ten minutes, and then relapsed into their former state. A noticeable point was that, when the face became livid and the lips very blue, one deep inspiration, followed by three or four progressively more shallow ones, would occur, brightening the color, after which almost a minute would elapse with no attempt at respiration. During this time the face again became livid, and then the same process would be repeated. About 10:20 all attempts at natural respiration—which up to this time had been maintained by the stimulus of the battery—almost entirely ceased, and the pulse failed in strength. Artificial respiration was resorted to, and under its influence the color of the surface and the character of the pulse soon improved. At 2 a Hall's battery was tried, which caused respiration unaided by artificial methods for five minutes; at the end of which time it failed entirely, and artificial respiration was resumed and steadily continued until 1:30 a. m. The pulse remained from 9 o'clock to 11 o'clock quite full and strong so long as the respiration was efficiently continued, but became irregular, weak, and fluttering as soon as it was remitted even for a minute. About 1:30, however, the artificial respiration proved less effective, and a much greater effort was required to force the air from the lungs, and a greater length of time for them to fill. The pulse ran up to 120, became intermittent, and then almost imperceptible. A brisk current from the magneto-electric battery was reapplied, with the effect of at first making artificial respiration more easy, and then establishing natural respiration, which at two o'clock continued unaided by the battery, at ten to twelve respirations per minute. Flagellations were kept up constantly until 4 o'clock when the patient could be made to walk a step or two, but would immediately afterwards drop down fast asleep. At 6 o'clock he was delirious, but could be roused to answer questions.

For the two succeeding days he had very considerable congestion of the lower lobes of both lungs, and later a severe bronchitis with a pleurisy of the right side.

The points of interest in this case are—1. That one and a half fluid ounces of laudanum were taken, the most of which was absorbed. 2. The hypodermic injection of one-sixteenth of a grain of atropine dilated the pupils widely but had *no effect whatever* on the pulse, respiration, or color of the skin. 3. The magneto-electric and faradaic currents were each found more useful for being intermitted and alternated. Benefit was also noted from occasionally shifting one pole from over the position of the phrenic nerve to the spinal column. 4. By far the most important remedial measure used was Artificial Respiration. During three hours it was continuously persevered in, with the constant hope that natural respiration would come to our relief. Twice in this time an attempt at such respiration became apparent. This, favored by the use of the batteries, continued each time about five minutes, when it ceased, and the pulse became small and fluttering. For these three hours of vital importance, death was kept from assuming his dominion only by rhythmical breathing performed mechanically for the patient, not by him. At the close of the third hour, the vital forces—the hearts action especially—were failing, in spite of the artificial respiration, and it seemed almost certain that this means could preserve life but little longer. Magneto-electricity, with unexpected efficacy, now furnished the stimulus needed to strengthen the heart and elicit those first evidences of return to life so grateful to his almost hopeless attendants. The method of respiration used was Sylvester's with an occasional change to that recommended by Dr. Benjamin Howard. Both methods were efficient; the change from one to the other was beneficial, because in this way the operator obtained a little rest, and because deeper respirations could be forced on making the change after the chest had become accustomed to one method.

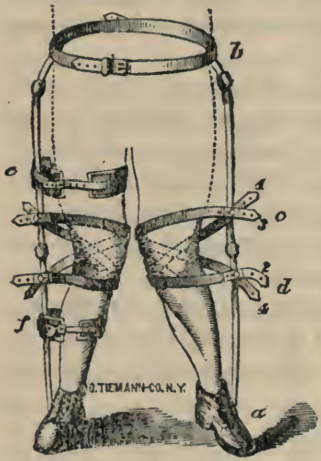
In conclusion, we might mention another case of opium-narcotism in a young woman which was nearly as profound as this and in which we had the satisfaction of seeing signs of life return after a steady perseverance in artificial respiration for an hour and a half. Five grains of morphia had been taken and retained three hours before she was seen. When we first saw her, there was only an occasional respiration, which soon entirely ceased. The stomach-pump could not be used, for we did not dare to intermit the artificial respiration long enough for it. No atropine and no electricity were used.--*Dr. Smith in Medical Times.*

NEW METHOD OF MAKING BEEF-TEA.—By Dr. H. C. Wood.—In order to meet the daily felt want of concentrated fluid meat food, a want not supplied by beef essence as ordinarily made, I have invented the following process, and found in practice that it works well. Take a thin rump-steak of beef, lay it upon a board, and with a case-knife scrape it. In this way a red pulp will be obtained, which contains pretty much everything in the steak, except the fibrous tissue.

Mix this red pulp thoroughly with three times its bulk of cold water, stirring until the pulp is completely diffused. Put the whole upon a moderate fire, and allow it to come slowly to a boil, stirring all the time to prevent the "caking" of the pulp. In using this do not allow the patient to strain it, but stir the settlings thoroughly into the fluid. One to three fluid ounces of this may be given at a time.—*New Remedies.*

GENU-VALGUM OR KNOCK-KNEE BRACE.

The Mechanical Treatment of Knock-Knees requires a proper Instrument of sufficient strength and yet not too heavy—to suit the condition of the patient. The one represented is the simplest and most effectual one we know of. It consists (if the deformity be double) of two lateral stems, with joints at the ankles, knees and hips, extending from the heels of strong shoes (*a*) to a well-padded pelvic band (*b*)—The Pelvic Band is made in two halves in order to admit of adjustment—the tightening of the posterior buckle everts the toes, that of the front buckle inverts them.



A pair of padded Straps secured to each other crosswise act in the following manner:

End 1 is buttoned to the thigh stem (*c*), carried from behind, below the inner condyle, to the front, terminating in end 2, which is buttoned to the leg stem (*d*).

The end 3 buttons to (*c*) is carried from the front to the back of the knee passing over the inner condyle, and secured to the button (*d*). In this manner they support both the head of the tibia and femur, whilst their combined direction of force being outwards gradually corrects the deformity. *

Some surgeons prefer to have the apparatus without a joint at the knee but there is a risk of inducing anchylosis by too long retention of the limb in one position, besides the patient is liable to fall with stiff splints and thus in constant danger of fracturing the bones of the thigh or leg. In ordering the apparatus the following description and measurements should be gived.

Length from sole of foot to ankle joint; length from sole of foot to knee-joint; length from sole of foot to hip-joint; length from sole of foot to iliac crests; circumference of pelvis 1 inch below iliac crests; circumference of thigh at *c*; circumference of leg at *d*. (A stick should be placed on the outside of the limb and the last two measurements taken around both.)

---

* This instrument exerts very much more power, and answers better when provided with padded metal bands at the thigh *(c)* and calf *(f)*.

The ordinary measurements of the feet for shoes should also be given—ED.

DISLOCATION OF HUMERUS INTO AXILLA.

DR. E. P. BENNETT, of Danburry, Conn., (*Med. Record*,) recommends the following plan, and claims it as original with himself: "I place the patient upon a common chair. I pass around the body, below the arms, a broad strong towel, the ends of which I give to a stout assistant. The next step, and the most important of all, is to firmly fix the scapula. Without this precaution you will be pretty sure, to fail, pull as hard and as long as you please. To fix the scapula I direct one intelligent assistant to place the ball of the hand firmly against the acromion process.—then tie a handkerchief around the arm directly above the condyles, and make it into a loop for my right hand, then, with the arm hanging down closely to the body, I pull gently and steadily directly downwards, and, with my left hand on the axilla, the bone slips easily and quickly into place. Now in this dislocation the head of the bone lies under and in contact with the neck of the scapula, and if by any means you can depress the head of the bone to the extent of one-eighth of an inch, or even less, there is nothing to prevent your gliding the bone easily into place, and that, too, without injuring any of the joint structures."

DEATH FROM A SECOND ATTACK OF SMALLPOX.—REUSS relates, in the *General report of Vaccinations performed during the year* 1869 (*Wurteb. Med. Correspond. Blatt.*, 1871, No. 28, quoted in the 54th No., Dec. 30, 1871, of the *Centralblatt f. d. Med. Wissenschaften*,) the case of a man 53 years of age, upon whose body were the unmistakeable cicatrices resulting from a preceding attack of small-pox, who was attacked a second time with variola, terminating in death. In the accounts on record of cases where the individual experiences a second attack of small-pox, this latter according to Dr. R., is always attended with increased danger. The correctness of which remark our own experience corroborates.—*Am. Journal of Med. Science.*

TREPHINING IN EPILEPSY.—Dr. James T. Boutelle, of Boston (*Boston Med. and Surg. Journal,* February 22) records twelve cases of this operation made at the Massachusetts General Hospital since its foundation, in cases of epilepsy following depressed fractures of the skull. From this table we find that seven cases proved fatal; in four the epliepsy was cured, and one case was relieved, giving a mortality of 58.33 per cent. In most of these cases death took place shortly after the operation, from acute meningeal and cerebral inflammation, accompanied by abscess of the brain or sloughing of the membranes. In four cases the operation was followed in a short time—one hour to two days—by a rapid succession of convulsions, followed by hemiplegia and coma. He thinks the subjoined conclusions may be drawn:—1st. The operation promises a fair chance of success, and unless contraindicated by an excessively feeble state of the patient, ought to be performed. 2nd. It requires dexterity and the greatest caution on the part of the operator, owing to the fact that the membranes are frequently closely adherent to the depressed bone, and the slightest laceration of them greatly increases the chances of death. There is also much uncertainty before making the incision, as to the extent of depression and the condition of the parts. 3rd. The depressions must be entirely removed, as any projection remaining behind would nullify any benefit expected from the operation. 4th. The wound should not be closed, but kept open to allow the freest possible discharge of pus. 5th. The knowledge of the possible occurrence of epilepsy in after-life, in consequence of injury to the cranium, should, in cases of recent fracture of the skull, make the surgeon especially careful to elevate every existing depression and remove all fragments and spicula.—(*Med. Record.*)

THE MEDICAL EDUCATION OF WOMEN.—Miss Jex-Blake delivered a lecture to a large audience of ladies and gentleman in St. George's Hall, London, on the Medical Education of Women, but chiefly with reference to the events which have created so much attention in their attempt to secure medical education in Edinburgh. Lord Shaftesbury was in the chair. The lecturer treated her subject in a clear, temperate, and concise manner, and was frequently applauded.—*British Med. Jour.*

THE HAVANA MEDICAL STUDENTS who were imprisoned and threatened with death for alleged desecration of a cemetery, have been released by government orders.

The Bavarian Method of Using Plaster-of-Paris in the Dressing of Fractures is described in the *Medical Times and Gazette* of Feb. 14th; a yard of the cheapest flannel, a pound or thereabouts of plaster-of-Paris, a few large pins with their heads bent at right angles to the shaft, and a piece of calico or common roller, being all the apparatus required in the case of a fractured leg, for example. The flannel is cut into two rectangular pieces, the length of the fractured bone, and broad enough to encircle the limb and leave an overlapping margin, one piece being a little wider than the other. Placing the narrow one evenly over the other, they are to be sewn together by longtitudinal stitching down the mesial line, and now resemble too sheets of note-paper stitched together at the fold, the outer one being a little larger than the inner. Raising carefully the limb to be dressed, the flannel is to be spread smoothly under it, taking care that the line of sewing corresponds to the posterior mesial line of the limb. The two edges of the inner piece are now brought evenly over the limb and fastened together by means of the bent pins, leaving the outer sheet spread on the surface of the bed or table. Exact coaptation of the fragments having been secured, the plaster, having been mixed to a proper consistence with water, is partly smeared and partly poured on. The two outer sheets of flannel are rapidly brought over the surface of the plaster (which is now caught on both sides between the inner and outer layers), and are held together at their margins till the plaster sets, taking care that the extension and counter-extension of the limb are kept up steadily during that period. The pins must now be taken out (it being for this purpose that their heads were bent), the edges trimmed, a few turns of the roller applied, and the operation, which need not occupy more than ten minutes is finished.

A most important advantage connected with this dressing is the facility with which it can be removed. When the bandage is taken off, the two opposite sides of the splint can be separated, like the bent covers of a book, the line of stitching, which prevents the running together of the plaster, acting like a hinge. —*Medical Record.*

STRANGULATED HERNIA.

In a lecture on the above-named subject, delivered at St. Bartholomew's Hospital, and published in the *British Medical Journal*, Sir James Paget remarked that in hospital and private practice together he had operated an hundred times for strangulated hernia, but that to obtain conclusions of real value it would need a tabulation of at least a thousand cases.

Generally speaking, in a case of hernia with signs of strangulation present, and reduction by ordinary means cannot be accomplished, an operation should at once be performed, in some cases, although the hernia is irreducible, the symptoms of strangulation are slight, obscure, or incomplete. It is an easy rule for all these cases that you should operate when strangulation is suspected; this rule you must avoid, and learn the hard one to discriminate the cases that require operation.

The irreducibility of the hernia is a fallacious sign of strangulation. and the presence of the other local signs even in a marked degree, is not decisive of strangulation, and is not sufficient to prove the need of operating when the remoter signs are not present. The local characters usually present in a strangulated hernia, and sometimes the remoter signs, may be imitated in an inflamed hernia, which is not strangulated. Generally, in the inflamed hernia, without strangulation, the local signs precede and greatly predominate over the remoter and general signs; while, in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded. If these means of discrimination fail, you must operate if you cannot easily reduce the hernia; the risk of operating is small in comparison with that of waiting, for an inflamed and irreducible hernia may at any time become strangulated.

A hernia that has come down quickly and the more it exceeds its usual size, the less is the probability of its being reduced without operation. Again the harder, more tense, and painful a hernia is, the less the chance of réduction without an operation. Again, if the remote and general signs of hernia are present and the hernia cannot be reduced, you must operate, or, if there be a swelling which may be a hernia, though it seems not likely to be a strangulated hernia, the operation must be performed at the seat of swelling. If a patient have two herniæ that are irreducible and signs of strangulation, and you cannot tell which is strangulated, you must operate on both. One or more actions of the bowels after symptoms of strangulation have set in, are of no weight against the propriety of operating: even frequent and regular action is not an absolute prohibition, as strangulation may involve only omentum or only part of the circumference of a portion of the intestine. As a rule, while the bowels act you should not operate unless all the other signs of strangulation are well marked. The sign we should most rely on as commanding the operation is vomiting. The rule is safe that recent irreducibility and vomiting are enough to justify the operation, even though there be no other signs of strangulation present. While there are notable kinds of vomiting characteristic of strangulated hernia, we should not be misguided by waiting for any particular kind. Any kind of vomiting, if it be repeated, is enough to justify operation in a hernia recently irreducible. Cessation of vomiting in the extreme condition of strangulated hernia is a token of evil rather than of good. if general improvement do not coincide with it. The pulse is 80 or 90 in a majority of ordinary cases in the early stages and becomes more rapid as the symptoms of strangulation become more marked; the respirations usually are in due proportion to the pulse.

For the reduction of strangulated hernia without operation, Sir James Paget laid down the following general rules:—In cases, for instance, when the patient vomits fæcal matter and has peritonitis, or is in collapse, with a small rapid pulse, hiccough, or other such extreme sighs, there should be no attempt at reduction without operation.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and even when less inflamed, none but slight and brief efforts at reduction should be made.

The longer the signs of strangulation have existed the shorter should be the efforts at reduction but the intensity of pain in recent or acute hernia should not deter one from making the attempt.

In a hernia which has been habitually irreducible and becomes strangulated, you should operate at once. It is a safe rule of practice that, after a warm bath and a few hours rest in bed, a single attempt at a reduction should be made; should this fail, chloroform or ether should be given, and then in some cases, but not in all, a second attempt made; this failing, the operation should be performed while the patient is still insensible.

The hot bath is useful in all cases that are not bad, unless in old and feeble persons; The patient should be simply soothed or relaxed in the bath, then wrapped in warm blankets, put into bed lying on his side or his back, with his knees drawn up, or with his pelvis a little raised, and then after an hour or two of complete rest to attempt the reduction. The employment of rest and the bath is helped by opium when the hernia is painful. In the old, and others who may have had inactive bowels long before the strangulation, an enema of a large quantity of liquid should be used. Purgatives should not be used if there are marked symptoms of strangulation.

After the warm bath and rest have been tried, you may give chloroform or some other anæsthetic. In making the attempt at reduction you must be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to arrest. These cautions are the more necessary because when the patient is under Chloroform, you have nothing but your own sense and senses to tell you how far you may go without doing harm. Chloroform is most useful in the herniæ of which the difficulty of reduction is chiefly due to muscular resistance, in the recent, or in the recently much enlarged; in the inguinal more than in the femoral; and in these more than in the umbilical; in the painful more than in the painless. In herniæ that have only recently come down, and are intensely painful, it is right to use chloroform or ether without waiting for the influence of the warm bath, but more commonly, if there be danger in waiting three or four hours, it is because strangulation is so far advanced that the operation ought to be done without any previous attempts at reduction

After the warm bath, rest, and chloroform have been tried, and the reduction is not accomplished and strangulation exists, you should operate while the patient is still under the influence of chloroform; but if strangulation is not present you may wait, but must watch impatiently, for the hernia is likely soon to become strangulated. While waiting, ice or warm dressings, enemata, aperients or opiates may be used. Tobacco and curious postures, and shaking the legs up and down, and the cupping glasses are more dangerous than the operation which they are intended to avert. For doubtful or partial reduction tnere is one practical rule—operate if the symptoms of strangulation are not relieved. In cases in which reduction seems complete but the symptoms of strangulation are still present, operate, if you can feel a lump at or near the hernial ring. Old age and disease may add to the risk of an operation for strangulated hernia, but they must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved, and you must not be averted from the operation by the number of deaths that follow it. The deaths after the operation may be 50 per cent., but the deaths due to the operation are not more than 2 or 3 per cent.

The remaining lectures on this subject by Sir James Paget are devoted to a description of his several operations for the relief of strangulated hernia, which our space will not permit us to give to our readers.—*The Doctor.*

Mode of Rendering Fabrics Non-Inflammable.—A short time since we noticed the experiments with tungstate of soda in Germany; since when the *Annalen der Chemie* contains a review of the subject by A. Patera, who thinks, that altough the tungstate is an excellent substance for producing the effect desired, its expense is an objection, and recommends for it a cheaper material, viz.—a mixture of four parts of borax, and three parts of sulphate of magnesia. These salts are mixed together just before being required—otherwise, insoluble borate of magnesia is formed too early—and then dissolved in from twenty to thirty parts of warm water, into which the fabrics are to be immersed, next wrung out, and then dried. A mixture of sulphate of ammonia and gypsum may be used for coarse fabrics.

CONJOINT EXAMINING BOARDS.—At the last meeting of the Senate of the University of London, it was resolved, on the motion of Dr. Storrar—

"That the subjoined resolution of the General Medical Council (1st March, 1872) be forwarded to the Home Secretary.

"'That the Council approve of and sanction the Conjoint Scheme of Examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion. The Council has at the same time to express its desire that means may be found by which the University of London and the Apothecaries' Society may be enabled to join in the scheme, so as to render it a complete scheme for a Conjoint Board for England.'"

Thus the University itself gives the strongest emphasis to the expressed desire of the Medical Council. Mr. Forster has expressed unequivocally the continued intention of the Government to proceed, when opportunity serves, to compel unity of action on those who do not now use the period of grace for voluntary union. The Home Secretary will of course give the earliest possible effect to this resolution; and at the same time we venture to hope that the Scotch and Irish medical authorities will use their good sense and public spirit in voluntarily devising an acceptable scheme for providing satisfactory minimum examinations in their respective countries. It is a happy chance for the Apothecaries' Company, which gives it a *locus pœnitentiæ;* and it will unquestionably joyfully seize the rope which enables it to climb out of the abyss into which it had blindly leapt.—*British Medical Journal.*

"PECULIAR PEOPLE."–Dr. Marttar concluded at Plumstead, a few days ago, the inquest opened a week previously on the body of a child, seven years old, named Cecilia Henry, who had died of small-pox, her parents being "Peculiar People." In accordance with the doctrines of the sect, the child had not been vaccinated, and no medical man was called during her illness. The coroner, on summing up, remarked on the frequency of small-pox cases among the sect at Woolwich and Plumstead, where they only number about fifty members. The people belonging to the sect, to the number of about forty, attended at the inquest, and sang hymns at the back of the house while the jury were in consultation, and they afterwards accompannied Henry in a body to the police-court, encouraging him with the assurance that the Lord would be with him and sustain him. He was afterwards brought up at the Woolwich police-court, and committed to Newgate for trial on a charge of manslaughter.—*Ibid.*

THE WORTHLESSNESS OF BEEF-TEA.—The experiments of Gustav Bunge led him to conclude that the common opinion that beef-tea and extract of meat are as valuable articles of diet as tea, coffee, or alcohol, is unfounded; that the refreshment they give is only due to their warmth and pleasant taste, and that their chief value is that they enable a person to take with appetite a larger amount of dry and tasteless food than he could otherwise do. The statement of Liebig, that the addition of some meat-extract to vegetable food increases its nutritive value, and that the extractive matters of meat, and especially creatine and creatinine, are the materials for muscular work, have been disproved by Voit and Meissner; and the idea that beef-tea and meat-extracts were beneficial on account of the salts they contain is an unlikely one, as these salts are already present in excess in ordinary food. It has been said, however, that they do good by acting as stimulants, like coffee, tea, and alcohol; and this seemed to be confirmed by the experiments of Kemmerich, who found that small doses of meat-extract quickened the pulse, but large ones produced paralysis of the heart and death. Kemmerich attributes this action on the circulation to the potash salts contained in the extract, as the ash alone produced the same effects as the quantity of extract from which it had been got.

As Traube, Gultman, and Podkopaen found that potash salts slackened the pulse, but never quickened it; and as Kemmerich's experiments on man gave an indefinite result, and the only animals he used were rabbits, Bunge investigated anew, in Professor Schmiedeberg's laboratory, the actions of meat-extract and of potash salts on man, dogs, cats, and rabbits, and determined that the quickening of the pulse depends not upon the action of the potash salts but upon the distention of the stomach, this result being present when simple water was used, and was more persistent when a solution of salt or sugar were substituted for simple water. He also found that these salts was quite insufficient to produce poisonous symptoms in the human subject.

TREPHINING OVER A LATERAL SINUS.—Professor Paul F. Eve reports in the *Richmond and Louisville Medical Journal* of May, the following case of this nature: A stout and healthy man, of 42 years, was struck two years and ten months ago with a bludgeon, and suffered a fracture of the skull which rendered him insensible for sixteen hours. The depression was at a point midway between the occipital protuberance and the right external auditory meatus, and was about three-quarters of an inch in depth, and of the circumference of a silver half dollar. No symptoms of epilepsy followed, but at the date of the operation (October 28th ultimo) the patient was habitually costive, walked with difficulty, and only for short distances; complained of constant weight and oppression in his head, and of a dull, annoying pain, radiating at irregular intervals from the point of the injury; had lost his energy, was never cheerful, and was losing flesh and strength. Nothing could provoke a smile. He was almost without hope, and said that he occasionally felt like losing his senses. At the date above mentioned, a crucial incision being made over the depressed portion of the skull, the insertion of the trapezius and the occipital portion of the occipito-frontalis was raised—thus getting below the superior curved line of the os occipitis; a half-inch Galt's trephine was applied and a button of bone removed without injury to the dura mater. Three discs of bone were thus removed from over the right lateral sinus, which was readily recognized by the deep color of its venous blood; the angles left by the instrument were trimmed and the flaps replaced, and secured with silver wire. About five ounces of blood were lost and only one artery ligated. The patient expressed himself as feeling better as soon as he recovered from the effects of the ether. Most rigid after-treatment was pursued. A slight reaction on the following day was checked with sulphate of magnesia, and he subsequently experienced not a serious symptom. The wound was kept open for a month by the daily introduction of a blunt probe. The skull, in this case, was found to be unusually thin.

Lacto-Phosphate of Lime in Fever.—*The Practitioner* for February contains an interesting paper by Dr. Blacke, of Paris, on "The Use of Lacto-Phosphate of Lime in Adynamic Fevers and in Convalescence." Believing that the Phosphate played an essential part in the nutrition, not only of the bony structures but of the tissues generally, he tried the experiment of keeping a pigeon upon food almost wholly deprived of phosphates. The pigeon lost its liveliness, its appetite failed, and its weight notably decreased: the muscular and fibrous tissues seeming to suffer as well as the bones. On adding phosphate of lime to the food, the bird rapidly regained its normal condition.

Dr. Blacke explains the want of success that attends the use of phosphate of lime, even in cases in which it seems most directly indicated, such as rachitis, osteomalacia, &c., by the fact that it is usually given in a pulverulent form, in which form lactic acid is the natural solvent. Now the gastric juice contains only $\frac{2}{1000}$ of lactic acid, a quantity too small to dissolve an appreciable amount of the phosphate. The remainder passes into the intestines, undissolved, where it creates irritation, and is therefore worse than useless. He claims that when given in combination with lactic acid, the results will correspond much more closely with what we should expect theoretically.

He has found the lacto-phosphate of lime a very valuable analeptic in adynamia occurring in pneumonia and in low forms of fever. During the late siege of Paris he employed it in a large number of cases of typhoid. He found that in from 36 to 48 hours the pulse became less frequent and the temperature decreased, while the countenance lost the expression of stupor so striking in adynamic forms of the disease, and the patient entered upon a rapid convalescence.

He states unreservedly that excitement of the appetite and facility of digestion constantly and quickly results from the ingestion of this drug.—*Med. Record.*

DEATH-RATE IN THE UNITED STATES AND EUROPE.—It is a curious fact, and one well worth knowing, that the death-rate in Europe is nearly double what it is in the United States, averaging yearly one out of every forty-three inhabitants, while here it is only one out of every eighty-one. Of the leading countries of Europe, France leads in its mortality, the average being one death to thirty-two people; and England appears to be the healthiest, the deaths being one to every forty-six. In the United States there is a wide range of difference. In Arkansas, for instance, the annual deaths are one to every forty-nine inhabitants, while in Oregon the rate is only one to every two hundred and nine. It appears that the Northwestern States average the healthiest, and the Gulf States the sickliest.

SURGICAL TREATMENT OF GANGLIONS.—Dr. Skey, of Bartholomew's Hospital, in a clinical lecture reported to the London *Lancet*, condemns the ordinary treatment of Ganglionic swellings, which consists in giving a smart blow with a book or other body, and adds: "I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the *entire* contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst, pass vertically into the centre of the tumour a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well made, thick compress of lint, and strap it down tightly with good plaster, and lastly a roller may be applied. In forty-eight hours the wound is healed, and the ganglion is seen no more.

TESTS FOR DETECTING STRYCHNIA.—The *Popular Science Review* states that Dr. Filhol, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state; the alkalinity of its solution should be ascertained as well as its intensely bitter taste; its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances, should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that, with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is distinctly formed in solutions containing one-tenth of a milligramme of alkaloid. This precipitate, and that formed with chlorine, are at once dissolved by concentrated sulphuric acid, and chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, JULY 1, 1872.

CEREBRO-SPINAL MENINGITIS.

This disease which occasionally assumes an epidemic form has made its appearance in various parts of the country, and is still spreading, though slowly. Our Medical confrêres on the other side of the lines have had considerable experience with it during the past six months, and from the various American Journals, we glean the following facts which may be of service, and which we beg leave to place before our readers. We feel that this is the more necessary as it is a well known fact that epidemics differ in many of their most prominent features, at different periods. The disease is said to be more common in winter than in summer and spreads over a considerable extent of territory. From 1861 to the present time it has never ceased to exist in some part of this continent, sometimes in a sporadic form, at other times as an extensive epidemic. In 1867 it prevailed extensively in Philadelphia. There were no less than 120 cases in the Philadelphia Hospital alone at one time. It seems to attack the young and vigorous more frequently than the aged and infirm, and it prevails in all situations, moist and dry, high and low. The disease is not generally considered contagious although in some of its most malignant forms, circumstances seem to tend strongly toward its contagiousness. Its initial point of attack seems to be in the meninges at the base of the brain, from which it extends to the brain and spinal cord. The *post-mortem* appearances are those of Inflammation, viz: Serum, Lymph and Pus. These products are found upon the Meninges, at the base of the brain, beneath the arachnoid, and along the spinal cord. In mild cases the brain only is affected; in more severe, both the brain and spinal cord are involved. The substance of the brain is generally softened and also the cord. The blood itself is dark and fluid and the blood corpuscles present a shrivelled appearance.

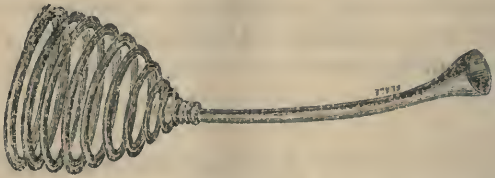
The first symptom of the disease is generally severe *pain in the head* and along the spine, preceded by chills and general malaise, and neuralgic pains in distant parts, as the thighs, legs &c. *Vomiting* is also very commonly present and is sometimes very persistent, increased by raising the head, but there is nothing peculiar about the matter ejected. There is great thirst, and a sense of sinking at the epigastrium, and prostration sets in very early. Delirium is seldom absent; but is generally intermittent. The pupils are generally dilated, sometimes contracted and occasionally fixed. The most characteristic symptom however is *rigidity of the muscles of the neck*, amounting almost to Opisthotonos, with general Hyperæsthesia of the surface of the body and in a few cases general convulsions. The temperature is generally increased, especially in the back of the head; the pulse is frequent and firm and the respirations are increased in frequency, sometimes panting as if from fatigue. The urine is scanty and high colored, and the bowels generally constipated. About one-third of the cases present some red erythematous spots on the skin between the third and seventh days, which vary in size, number and shade of color. Sometimes they are few, small, bright and red; but in severe cases they are darker in color, larger in size, and sometimes tumefied.

The *treatment* resorted to at the commencement of the outbreak, was such as is commonly adopted in Meningitis; leeching the temples or cupping the nape of the neck, application of cold to the head, cathartics &c., with chloral Hydrate to procure rest at night. This was found however, very unsatisfactory. It lessened the febrile action; but the headache and rigidity continued and a large proportion of the cases thus treated were lost. As will be observed the symptoms of the disease are very much like those produced by poisonous doses of belladonna and strychnine combined, and the administration of their counteractives suggested themselves. Accordingly Tr. Calabar bean was tried, and with very good results. The following combination has been found very useful; R. Tr. Calabar bean ℥jss. Fl., Ext. Ergot, ℥ijss. M. One teaspoonful in a little water every two hours. Sulphite of soda and carbolic acid have also been used with success, especially when alternated with the preceeding formula.—The patient should be kept very quiet and well supported with most nutritious diet. The occasional use of stimulants will also be found necessary. The application of extreme cold to the head is not recommended. Cloths wet in cold water are all that is desirable. Violent purging is also deprecated, but an occasional brisk and mild cathartic, is beneficial. Quinine and Morphine are always followed by bad results especially if given during the time of cerebral excitement. At present the Tr. Calabar bean seems to be in the ascendency in the treatment of this disease.

* * *

INVERSION OF THE UTERUS.—Dr. White, of Buffalo, has lately published two cases of Inversion of the Uterus, treated by him. (*American Journal Medical Sciences.*) One of these occured near Ithica, N. Y., and the other in Port Dover, Ontario, a report of which was published in the July 71 number of the *Lancet.* These two cases complete a series of nine cases of complete Inversion, varying in duration from a few minutes to fifteen years, which have been reduced by him. The first of the series occurred in 1856, and was of only eight days standing; the others were of various duration, up to fifteen years. Only one death occurred in the nine cases; this was in the one of fifteen years standing. The patient died of Peritonitis on the sixteenth day following the operation; but a carefulreview of all the circumstances of the case and the *post mortêm* examination, seemed to show that the peritonitis was merely an unfortunate accident. The Dr. considers the most appropriate period for the performance of the operation to be before the twenty-first day after the accident, or after the process of involution is completed, which takes place usually in from eight to twelve weeks. During the period of involution the tissue of the uterus is too soft and friable to withstand a great amount of force, and, although he has reduced it on one or two occasions during this period, he does not think it unattended with danger.

With regard to the *modus operandi* of the replacement, he says that the vagina is first put upon the stretch by pressure on the fundus uteri. This dilates the os and then the cervix, and finally, if persevered in, doubles the body upon itself, and carries the fundus through the os, cervix and body, to its normal position. Dimpling or depressing the fundus uteri can only be done in recent cases, and even if it could be done in chronic eversion, it would only complicate the process by increasing the size of the tumour to be carried through the os and cervix. We give below a cut of an instrument which he has constructed to aid him in the operation, termed the *Uterine Repositor.*



It consists of a wooden or rubber stem, the uterine extremities of which is enlarged and tipped with an india-rubber disc, 1$\frac{3}{8}$ in. in diameter, the concavity at th end being about half an in. in depth. The outer or distal extremity of the stem has attached to it a coil of no. 11 steel spring wire, capable of sustaining a pressure of eight or ten pounds. The uterine extremity is held in contact with the fundus of the uterus by the hand introduced into the vagina, while pressure is made by the breast on the spring, and may be increased or diminished to suit the exigencies of the case. This instrument gives the operator greater command, as it leaves the hands free, in a great measure for the purpose of manipulation. The hand within the vagina is so held, as partly to embrace the *Repositor*, and also the fundus uteri, which may be more or less compressed and diminished in size, while with the left hand pressure or manipulation may be made over the hypogastric region.

DEATH FROM BICHLORIDE OF METHYLENE.—The *Medical Times and Gazette* reports a case of sudden death from this agent. The patient a married woman about 44 years of age, was about to undergo an operation for the removal of a cancer of the breast.

How not to do it.—Since we commenced to publish this journal we have been in the habit of sending out every month a number of copies to medical men in different parts of the Dominion who are not yet subscribers, enclosing a note requesting them to send their names, or if they do not desire to subscribe to be kind enough to return the numbers thus sent. In this way we have largely extended our circulation, although at considerable expense. There are always some of course who do not wish to subscribe, some who are taking as many journals already as they have time to read, some who cannot afford a luxury of this kind, while there are others who do not subscribe to any journal, who do not read any new medical works or journals, and do not wish to, who have still a plethora of knowledge on hand since their school-boy days, and do not require any new ideas; others who look upon the paltry amount of the subscription as more than they care to pay for anything of the sort, who look upon the profession solely as a means of making money, and console themselves by saying, "We have got along very well before journals were published and we can do so still." From each of these classes we occasionally receive a copy returned and marked "refused." We immediately draw a black line through the name which means that the journal is not to be sent again. Occasionally, we receive a characteristic notice of refusal. One of these is now before us and has suggested this paragraph. The wrapper is torn off which shows that it has been opened and read, and yet it is neither the first nor second copy the party has received, because both these contain a note *pasted* on the title-page, on which the name of the party is written. It is carefully wrapped up in white paper, and stamped with red sealing wax in three places, and addressed to the editor; but there is not a solitary word or letter from the party returning it by which it may be identified. There is not even a post mark, and if there were it would be of little use for we frequently send two or more to the same Post Office. We have therefore no means of knowing from whom it came. This has occurred on several occasions, and we would feel obliged if parties returning the *Lancet* in future, would be kind enough to enclose their names so that we may know by whom it is returned.

We would also take this opportunity of referring to the unkind treatment we have received from some medical men who lay claim to respectability. These gentlemen are in the habit of taking the journal from the post office regularly, some of them for upwards of a year, and when the bill is presented they either repudiate it entirely, or invent some plausible excuse for not contributing their quota of the expense of publication. We care little for the loss thus sustained, but we regret to find such men in the profession, and in one or two instances we felt disposed to give their names the benefit of a public announcement. Such conduct is not in keeping with the dignity of the profession, and we believe it would have a salutary effect to hold such men forth in their true colors.

MEDICAL ELECTIONS.

The following is the result of the Medical Elections, so far as returns have been received :—

REPRESENTATIVES OF TERRITORIAL DIVISIONS.

Western and St. Clair	Dr. Edwards, Strathroy.
Malahide and Tecumseh	Dr. Hyde, Stratford.
Saugeen and Brock	Dr. Clarke, Guelph.
Gore and Thames	Dr. Clarke, Princeton.
Erie and Niagara	Dr. Lawrence, Paris.
Burlington and Home	Dr. McDonald, Hamilton.
Midland and York	Dr. Agnew, Toronto.
King's and Queen's	Dr. Coburn, Oshawa.
Newcastle and Trent	Dr. Dewar, Port Hope.
Quinté and Cataraqui	Dr. Strange, Kingston.
Bathurst and Rideau	Dr. Grant, Ottawa.
St. Lawrence and Eastern	Dr. Brouse, Prescott.

REPRESENTATIVES OF UNIVERSITIES AND COLLEGES.

University of Toronto	Dr. Eastwood, Whitby.
" Trinity College	Dr. Hodder, Toronto.
" Queen's College	Dr. Bethune, Glanford.
" Victoria College	Dr. Berryman, Yorkville.
" Ottawa	—— ——
Toronto School of Medicine	Dr. Aikins, Toronto.
Royal Col. Phys. & Surg., Kingston	Dr. Lavell, Kingston.

Homœopathic Members. — Dr. Campbell, Toronto; Dr. Field, Woodstock; Dr. Vernon, Hamilton; Dr. Adams, Toronto, and Dr. Springer, Ingersoll.

Eclectic Members.—Dr. Cornell, Toledo, Ont.; Dr. Muir, Merrickville; Dr. Morrison, Forest; Dr. Bogart, Carleton Place, and Dr. Carson, Whitby.

We are informed that Dr. Freeman, of Milton, has protested against the election of Dr. McDonald, of Hamilton, on the ground that many of his friends did not receive their voting papers in time to have their votes recorded. We have reason to believe that such was the case, not only in that division, but in many others, and that great injustice has been the result of this inaction on the part of the Registrar. There is no provision in the Act to meet such an emergency, but we trust the Council will take such action as will prevent the possibility of such a thing occurring again.

NOTES AND COMMENTS.

Smallpox in Utero.—Dr. J. T. Hampton, in the Philadelphia *Medical and Surgical Reporter*, states that on the 12th November, 1871, he delivered a woman of a child suffering from smallpox. At the time of its birth, the disease had reached the vesicular stage. On the morning of the fifth day after birth, the pustular stage was reached. The child did well until the tenth day, when it vomited incessantly—blood gushing from its mouth and nose, and died the same evening. The mother had been successfully vaccinated six weeks prior to confinement.

Bromide of Potassium and Opium.—Dr. DaCosta states that the faintness and nausea, which frequently follow the use of opium, may be prevented by giving a full dose of the bromide, about three hours previously. Sound sleep is thus often obtained where there is great restlessness.

Calabar Bean in Spinal Meningits—Tincture of calabar bean has been highly recommended in this disease. It relieves the rigidity of the muscles along the neck and spine, and counteracts the tendency to opisthotonos which is so characteristic of this affection.

TREATMENT OF HYDROCELE.—Dr. Bradley of Manchester, (*British Medical Journal,*) describes a mode of treatment of hydrocele which has been successful where the ordinary means have failed. It consists simply in drawing off the fluid, and then strapping the testicle tightly with soap plaster. The pressure is kept up for an average of about three weeks.

A Bill is before the Legislative Council of Jamaica, for the purpose of legalizing all *Canadian qualifications* in medicine. At present only the holders of British Diplomas are entitled to register, or practice Medicine in this Island.

REMOVAL OF THE KIDNEY.—Mr. Durham of Guy's Hospital, London. has lately removed the right kidney from a woman about 43 years of age. The patient was doing well at last accounts.

Dr. DaCosta has been appointed professor of Theory and practice of medicine, in the Jefferson Medical College, Philadelphia, in place of the late prof. Dickson.

EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.—The following gentlemen have been appointed Examiners in Medicine in this University, for the academic year, 1872-73—Physiology and Comparative Anatomy, W. Oldright, M. A., M. D.; Surgery and Anatomy, J. E. Graham, M. D.; Medicine and Therapeutics, J. W. McLaughlin, M. B.; Midwifery and Medical Jurisprudence, T. J. White, M. D.; Chemistry, W. H. Ellis, M. A., M. B.; Natural History, H. A. Nicholson, M. B., &c.

HONORS TO PROFESSOR S. D. GROSS.—This eminent surgeon has received the high honor of the degree of D. C. L. from the venerable University of Oxford. We believe that no other Americans have received this degree except Bancroft and Motley. In selecting Professor Gross as another recipient the University has made a most fitting choice.

POISONING FROM DATURA STRAMONIUM.—Dr. Niemeier, of Neustadt, Ontario, reports a case of poisoning from the seeds of Datura Stramonium. The symptoms presented were very much like those from poisoning by Belladonna. The patient recovered. He also reports several cases of *Intermittent* Cerebro-spinal meningitis, similar to this form of disease, described in Niemeier's Practice.

TORONTO GENERAL HOSPITAL REPORTS.

SATURDAY, June 8th.

REPORTED BY S——C——.

AMPUTATION AT THE UPPER THIRD OF THE THIGH.

This was a case very similar to that reported in last number of the *Lancet*. The patient was about 10 or 12 years of age. He was admitted under the care of Dr. Cassidy, and placed under treatment for white swelling of the knee. The case seemed favorable at first, and it was thought that he would recover the use of the limb in an anchylosed condition; which, by the division of the tendons, might be straigthened: but a sudden unfavorable turn in the course of the disease took place. Abscesses formed all round the joint, and the discharge was so profuse, that the patient's life was in danger. Amputation was decided upon as the only alternative, and the operation was performed by Dr. Cassidy, assisted by Drs. Aikins and Canniff. The flab operation was the one selected. The artery was controlled by pressure over the os pubis. The patient is doing very well. Notwithstanding the rarity of such operations in these days of consernatic surgery, this is the second case which has occurred within the past two months.

Upon examination, the joint was found very much ulcerated and disorganized.

REMOVAL OF THE SUPERIOR MAXILLA.

This patient, aged about 70, was admitted under the care of Dr. Aikins, for disease of the antrum. The tumor had made its appearance on the face, but not involving the integument; and, in consequence of the eye not being pressed upon, or the passage of the nose interfered with, it was thought a favorable case for operation. The only apparent-contra indications were the age of the patient, and the fact that he had extensive ossification of the arteries. This was however not considered a sufficient reason for refusing the operation. The patient was also exceedingly anxious to have something done. The operation performed by Dr. Aikins, assisted by Drs. Canniff and Geikie, in the presence of a number of students, and several medical practitioners of the city. The operation was commenced first by sawing through the malar bone. This was done with a view to the performance of as much of the operation as possible before interfering with the mouth. An incision was then made through the upper lip, and carried up along the side of the nose, and thence transversely below the orbit in the usual way.

The whole of the superior maxilla was then removed. On examination, the tumor was found adherent to the floor of the orbit, and also to the eth-moid bone: the greater part of the laleral mass of which had to be removed, in order to complete the operation. The whole of the diseased mass was carefully scooped out, and the cavity filled with cotton, and sutures applied to the flap. On examination, the tumor presented many of the features of incipient encephaloid disease. The patient is now doing well. [This was, on the whole, a very interesting case, and we hope to be able, at some future time, to publish it *in extenso*, together with some others of a similar nature.]

Operating Days.—Arrangements have been made, by which, in future, all operations not of an urgent nature will be performed on Saturdays, at one o'clock.

CORRESPONDENCE.

MEDICAL ELECTION IN SAUGEEN AND BROCK DIVISION.

To the Editor of the Lancet.

Dear Sir.—This is a very large division comprising the Counties of Grey ,Bruce, Simcoe, Wellington and North Waterloo, and containing over 130 votes.

It was generally anticipated that there would be a very close contest between the two candidates, Dr. Clarke of Guelph and Dr. Yeomans of Mount Forest. The action of the Registrar Dr. Strange, however, brought about a very different result.

In the northern and most remote parts of the division, where mail communication is imperfect, the voting papers were received by the electors on Monday, and Tuesday, June 10th and

11th, consequently only some of those who attended to the papers instantly, succeeded in having their votes recorded by the returning officer in Guelph.

Dr. Martyn of Kincardine, who was a candidate on a former occasion, did not have his vote recorded although he attended to it immediately.

Dr. Gunn of Durham, who also takes a very active part in these matters, lost his opportunity to vote.

The majority of the votes in the northern and Western portions of the division were lost, while nearly every vote in the southern part was recorded.

The result was that only 54 votes out of the 130 were received by the returning officer greatly to the disadvantage of Dr. Yeomans, and giving Dr. Clarke a majority of 23.

This is one of the many instances of transgression on the part of Dr Strange. Is it not time to appoint a new man?

I remain, Yours &c.,
A DISFRANCHISED VOTER.

BOOK NOTICES.

DISEASES OF INFANCY AND CHILDHOOD, by J. Lewis Smith, M.D., New York: Second Edition enlarged and revised. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co. pp. 730.

The above is a very comprehensive work, and also one of a thoroughly practical nature. The present edition has been enlarged over 100 pages, and about 20 additional diseases have been introduced. There has been no attempt at fine writing, which prevails so much at the present time, but everything is made subservient to the end in view, which was, to give a faithful account of the diseases most prevalent among children, and as witnessed by himself in the Infant's Hospital, and the best plan of treatment. This he has done in a most satisfactory and highly creditable manner.

In reference to the treatment of *Entero-Colitis*, a disease very common among children in the summer months, characterized among other symptoms by green stools, he says, that mercurial and other treatment, designed to correct the function of the liver, are not justified by the anatomical characters of the disease.

In support of this, he gives the result of upwards of 30 autopsies, in all of which the liver was normal in size, color, and microscopic appearance. The same careful enquiry seems to pervade the whole work, which, makes it not only interesting, but also exceedingly valuable, as a text-book on this important subject.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D. Lectures at Charing Cross Hospital, Lond. Phila.: H. C. Lea. Toronto: Copp, Clark & Co. Pp. 254.

THE URINE AND ITS DERANGEMENTS.—By G. Harley, M.D., F. R. S., London. Philadelphia: Lindsay & Blakiston. Price, $2.75.

NEURALGIA AND THE DISEASES THAT RESEMBLE IT.—By F. E. Anstie, M.D., F. R. C. P., London. New York: D. Appleton & Co.

THE PHYSIOLOGICAL ACTION OF BROMIDE OF POTASSIUM AND AMMONIUM.—By Drs. Clarke and Amory, of Boston. James Campbell, publisher.

CATALOGUE OF OFFICERS AND STUDENTS, HARVARD UNIVERSITY.—For Academic years '71-'72. Second Edition.

TRANSACTION OF THE ILLINOIS STATE MEDICAL SOCIETY. Fergus Printing Co., Chicago.

THE DETECTION OF CRIMINAL ABORTION. By Ely Van de Trasker, M.D. Boston: James Campbell.

Proceedings of the American Association for the Cure of Inebriates. Phila.: Henry B. Ashwood.

Annual Report of the New York Inebriate Asylum.

AMERICAN JOURNAL OF INSANITY. Vol. xxviii., January, 1872. Utica, N. Y.

THE QUESTION OF QUARANTINE. By Alfred L. Carroll, M.D. New York: F. Leypoldt, 712 Broadway.

WOOD'S HOUSEHOLD MAGAZINE for June, 1872. S. C. Wood & Co., Newburgh, N. Y. $1.00 per year.

THE

CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. IV. AUGUST, 1872. No. 12.

Original Communications.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.

FIRST DAY'S PROCEEDINGS.

The first meeting of the newly elected Council was held on the 10th ult, in the Council Chamber, in the Court House Buildings. The following members were present:—

Drs. E. G. Edwards, John Hyde, William Clarke, D. Clarke, John Lawrence, J. D. McDonald, John N. Agnew, W. Coburn, J. Forrest Dewar, O. S. Strange, William H. Brouse, Grant, Eastwood, C. V. Berryman, Alexander Bethune, M. Lavell, and W. T. Aikins.

HOMŒPATHIC MEMBERS.—Drs. Campbell, Elias Vernon, G. C. Field and William Springer.

ECLECTIC MEMBERS.—Drs. G. A. Carson, S. S. Cornell, J. Morrison, J. Muir and D. P. Bogart.

On motion, Dr. Dewar was elected President, and Dr. Campbell Vice-president.

Dr. Aikins presented a protest against the election of a member of the Council on the ground that proper votes were not given, and the voting papers were not in the hands of voters sufficiently early.

On motion, a Committee consisting of Drs. Aikins, Strange, and William Clarke were appointed, to enquire into all the elections.

A committee was then appointed to name the standing committees of the Council. They are as follows :—

EDUCATION.—Drs. Brouse, Berryman, Wm. Clarke, Aikins, Lavell, Field, Agnew, Morrison, with the President and Vice-President *ex-officio* members.

FINANCE.—Drs. Hyde, Bogart, Vernon, McDonald, Strange, Coburn, and Clarke (Princeton).

REGISTRATION.—Drs. Bethune, Grant, Springer, Edwards, Cornell, Lawrence, and Hodder.

PRINTING.—Drs. Muir, Eastwood, Aikins, and Springer.

RULES AND REGULATIONS.—Drs. Adams, Carson and Berryman.

It was moved by Dr. William Clarke, seconded by Dr. Hyde, that the undermentioned members of the Council be a committee with full power to draft the amendments to the Act to be submitted to the House of Assembly, and report at the present session of the Council, viz. :—Drs. Berryman, Macdonald, Brouse, Aikins, Agnew, Lavell, Carson, Coburn, and the President, Vice-President, and the mover. Carried.

The minutes of last special meeting were now read and confirmed.

The Committee appointed to enquire into the petitions against the election of Dr. McDonald from Dr. C. Freeman ; and against the election of Dr. William Clarke, from Dr. Yeomans, of Mount Forest, reported that they could find nothing in either of these protests to justify them in declaring the election of those members illegal, had they the power to do so. They find that voting papers, from some cause or other, were not received by some of the medical men to allow them time to record their votes.

The report was adopted, and the Council then adjourned.

SECOND DAY'S PROCEEDINGS.

The Council met at 10.30 a.m. All the members were present except Drs. Hodder, Berryman, Hyde and Adams. The President read the report of the Board of Examiners, which was referred to the Education Committee.

Dr. Campbell, in accordance with the notice of motion given by him yesterday, introduced a printed form of diploma to be granted to registered members of the College of Physicians and Surgeons. Referred to the Registration Committee.

Dr. Edwards moved the following series of resolutions for the consideration of the Council:—

1st. "That whereas much injustice has been done to the medical profession by prosecutions for malpractice, being brought before common juries generally composed of persons totally unfit to judge of the merits of the cases submitted to them, who frequently allow their sympathies with the plaintiff to warp their judgment, and award damages quite contrary to the weight of evidence. Be it therefore

Resolved—" That this Council apply to the Legislature for an act making it necessary that in all cases of prosecution for malpractice that certain skilled professional men do first sit on such case and decide upon the evidence laid before them, whether there are any grounds for such prosecution, and submit their decision to a common jury to assess the damages.

2nd. "That whereas much injustice has been inflicted upon the medical profession by being called upon to give evidence in criminal cases, without any remuneration thus putting them to expense, and taking them from their homes for days, and compelling them to neglect their business.

Resolved—" That a committee of this Council be directed to prepare an Act to be submitted to the Legislature, in order that this grievance may be remedied."

Referred to the special committee on amendments.

Dr. Aikins, the Treasurer, read the Balance Sheet, dated July 10th, 1872, which was as follows:—

RECEIPTS.

1871—June 8th. Balance on hand	$1,851.61
1872—April 1st. Amounts received from students for examinations, less amounts refunded to unsuccessful candidates	2,471.00
Sundries	67.60
	$4,390.21

EXPENDITURE.

1871—June 9th. Payments to Council Members for 1871	$862.85
" June 9th. Balance due Medical Examiners, 1871	340.00
" November 21st. Expenses of Executive Committee for meeting held this date	85.50
" December 13th. Do	91.99
" " Payment of Dr. Strange....... Registrar on different dates	246.00
1872—April 12th. Medical Examiners for 1872	$896.11
" April 12th. To those students who contributed to avoid having the Examinations held at Kingston, over and above receipts from them for this object	40.00
Sundries (advertising, etc.)	676.10
" —July 10th. Cash in Bank of Commerce	1,151.66
	$4,390.21

(Signed) W. T. Aikins,
Treasurer.

The report was referred to the Finance Committee.

On motion, Dr. Aikins was re-elected Treasurer for the ensuing year.

Dr. Lawrence brought in a partial report of the Registration Committee, which stated that Dr. Strange had resigned his position as Registrar, and that there were five candidates for the vacancy, viz.:—Drs. Pyne, Temple, Wright, Graham and Stevenson.

A ballot was taken and Dr. Pyne declared elected.

Dr. Berryman moved "That the Council, having received the resignation of Dr. Henry Strange as Registrar, cannot allow the present opportunity to pass without bearing testimony to his anxious and pains-taking labors in connection with the organization of this Council in all its important and complicated details, and it cannot but feel that the future labors of his successor must be materially lessened by the accurate and methodical condition in which his books are found to exist.

Dr. Campbell seconded the resolution, which was carried unanimously.

Dr. Strange returned thanks in a few graceful remarks, and thanked the members of the Council individually for the courtesy he had received at their hands.

In reply to a question by Dr. Aikins, Dr. Pyne replied that he would reside in Toronto, and should arrive in the city in December.

Dr. Grant placed before the Council copies of the contemplated Dominion Medical Act for consideration. Referred to the Educational Committee.

Dr. Campbell moved that the Treasurer be instructed to pay no sessional fees for attendance or travelling expenses to any member leaving before the end of ths session, without the permission of the President. He considered that when men accepted so important a trust as that of representing constituencies in the Council, no trivial reason should induce them to leave before their duty was discharged.

Dr. Aikins seconded the motion, which was carried.

Dr. Clarke read the report of the Committee on the Medical Act Amendments, as follows :—

"The Committee appointed to prepare a synopsis of the Amendments necessary to the Medical Act, beg to report, and suggest for consideration :—

1. That all medical men when examined judicially, be paid for their professional opinions.
2. An amended clause to make the penal one effective.
3. To get the power to acquire real property.
4. To establish a sinking fund.
5. Power to make an annual assessment on the profession, contingent on the amendment of the Penal clause.
6. To amend the Election Clause, and make it more simple and effective.
7. To lessen the number of the Council and Examiners.
8. To give a legal standing to the Executive Committee.
9. To give power to the Council to try all cases of Controverted Election. (Signed,) W. CLARKE.

After some discussion clause 7 was expunged, after which the report was adopted as amended.

Dr. Clarke moved, seconded by Dr. Lavell, that the following gentlemen be appointed an Executive Committee for the ensuing year, with power to carry out the recommendations of the above report :—Drs. Lavell, Berryman, McDonald, Agnew, Muir, Eastwood, Coburn, Aikins, W. Clarke, Adams, Hodder, the President and Vice-President. Five members to form a quorum. Carried.

Dr. D. Clarke gave notice of motion for the appointment of a Committee to draw up a schedule of maximum fees for services rendered by members of the medical profession.

THIRD DAY'S PROCEEDINGS.

The Council met at 10 o'clock; all the members present except Drs. Grant, Brouse, Berryman, Hodder, and Adams.

Dr. McDonald moved "That the former Registrar, Dr. Strange, be instructed to hand over all books, papers, and documents appertaining to the office of Registrar to his successor Dr. Pyne, on the 1st of September, and that a committee be appointed to audit the books. Carried. The President appointed Drs. McDonald, Adams and Berryman."

Dr. Lawrence presented the report of the Registration Committee as follows:—

1. That 315 matriculants are registered.
2. The whole number of medical registrations up to the 1st July, 1872, is 1,528.
3. The number of registrations since last report is 91.
4. That the Council issue engraved certificates of registration, and that $5 be charged for the same to all now registered members who choose to procure them.

After some explanation regarding the fourth clause, to the effect that it was purely optional on the part of registered practitioners, the report was adopted.

Dr. Campbell, in view of the great expense incurred annually by the Council, the important services it was calculated to confer, and the undesirability of extracting more money from the students than was absolutely necessary, moved that a Committee be appointed to wait upon the Government or some member of it, and request them to relieve the Council of the expense attending the examination of students.—Carried.

The Council then adjourned, to meet again at 2:30 p.m.

The Council met pursuant to adjournment. Dr. Campbell, from the committee appointed to wait upon members of the Government, reported that the committee had called upon the Hon. Messrs. Mackenzie and Gow, and had been very courteously received and listened to, and had received assurance that any memorial from the Medical Council would be respectfully entertained. The Government could do nothing in the way of a money grant at present, as the Legislature had never voted money for that purpose; but they were prepared to do what they could to lessen the Council's expenses by granting the use of buildings, etc. The Council owed a debt of gratitude to the members of the Government for the courteous manner in which they had received the committee.

On motion of Dr. W. Clarke, the name of D. Clarke of Princeton was added to the Executive Committee.

Dr. Coburn read the report of the Committee on Finance, which was received, referred to a committee of the whole, and subjected to slight amendments, the principal of which was the reduction of the Registrar's salary from $600 to $500 in view of the Government giving an office to the Registrar.

Dr. Lavell introduced the report of the Education Committee which was referred to a committee of the whole. The report which was based on last year's announcement was afterwards adopted without amendment.

The following are the changes directed to be made in the annual announcement:

1st. That the first of the four years of professional study must be spent in some recognized medical college.

2nd. Clause 4, section 2, is expunged.

3rd. Two Courses, of six months each on Clinical Medicine and Clinical Surgery, instead of three months as heretofore. One course of six months on Medical Jurisprudence, instead of three; and one course of three months each on Botany and Practical Chemistry.

4th. Every student must spend one period of six months in the office of a registered Medical Practitioner in compounding medicine, etc.

5th. He must attend the practice of a General Hospital for *eighteen* months.

6th. All candidates from recognized colleges outside the Provinces of Ontario and Quebec, shall pass the Matriculation Examination and attend thereafter one full winter course of lectures in some one of the Ontario Medical Schools and such other course or courses as may be necessary to complete the curriculum and pass the primary and final examinations before the Board of Examiners of the college of Physicians and Surgeons of Ontario.

Nothing in the above clause shall exempt residents of Ontario who after this date elect to pursue their studies outside the Provinces of Ontario and Quebec from passing four years in the pursuit of Medical studies after passing the matriculation examination before the examiners appointed by the Council.

7th. The Professional examinations will be held *in Toronto.*

8th. The examinations shall be competitive and the names of the successful candidates shall be placed in their order of merit.

9th. Should a candidate fail to pass his primary examination such failure shall disqualify him from proceeding with his final.

10th. That after this date no certificate of pupilage, or of attendance upon lectures in any college shall be recognized as valid unless the same is signed by a duly registered Practitioner, except in Chemistry and Botany.

The above changes in the curriculum shall take effect on and after the first of January, 1873.

The following gentlemen were appointed as Examiners for 1872-73: Dr. H. H. Wright, Practice of Medicine; Dr. Sullivan, Anatomy; Dr. Canniff, Surgery; Dr. Reid, (Bowmanville) Midwifery; Dr. Fulton, Materia Medica; Dr. Lizars, Physiology; Dr. Saugster, Chemistry; Dr. Campbell, Medical Jurisprudence; Dr. Field, Surgical Pathology; Dr. Muir, Sanitary Science; Dr. Morrison, Botany; Dr. H. Strange, Medical Diagnosis; Dr. Tuck, Toxicology.

The Secretary was instructed to publish 2000 copies of the Annual Announcement, for distribution amongst the members of of the Profession, Colleges, etc.

A By-law was then passed, fixing the salary of the Registrar at $500.

A lengthy discussion then took place on a resolution moved by Dr. Aikins, to the effect that the name of Dr. Carson be expunged from all committees of the Council, owing to his violation of professional etiquette. A vote was taken by yeas and nays, and was carried with the following result: Yeas 14; Nays 6. The resolution was recorded.

After a vote of thanks to the Warden for the Hall, to the President for his courtesy in the chair, the Council adjourned *sine die.*

INTERMITTENT CEREBRO-SPINAL MENINGITIS.

BY GEO. NIEMEIER, M.D., NEUSTADT, ONT.

On Sunday morning the 19th of May, of the present year, I was called to visit a young married woman, aged about twenty-five years, whom I had safely delivered of a healthy boy, on the 14th of March last and who had been quite well ever since. I premise that at that time small pox was prevalent though on the decrease; still every week fresh cases of a milder type would occasionally break out. Going to bed quite well on Saturday the 18th, in the night she felt chilly, afterwards hot, and when I saw her, she complained of severe frontal headache; pain in the epigastrium, inclination to vomit and actual vomiting; general lassitude, pulse about one hundred; urine brown as coffee, and highly albuminous; the temperature decreasing from what it was during the night. The first question was: "Do you think, I will have the small pox?" My answer was: For all I know, you may, we will have to wait and see. I gave her a few Sedlitz powders that day and seeing her again on the morning of the 20th of May, she complained of having had a bad night and high fever. I gave her lemonade. On Tuesday the 21st when I paid my visit, I found her husband's brother there, a young man who is an Eclectic doctor, practicing somewhere near Toronto, who, without my knowledge had been telegraphed for by his brother to see his wife. The young man thought it was bilious remittent fever, and gave her, of course without my consent, Hydrarg. cum creta, and large doses of opium. I left, but upon the urgent solicitation of the husband I returned on the morning of the 26th of May, when I was informed that for the past four days she had violent fever and headache, commencing about six o'clock p.m., and lasting till six o'clock a.m., and though weak, she was comparatively well during the day. What was it? My answer was: Intermittent fever. I gave her four powders composed of Chinioidine, Salicine, Quinine, and Sulphate of Beeberine, to be taken at eight, ten, twelve and two o'clock. On Monday morning the 27th of May, I was informed that the fever the night before had only commenced about nine o'clock, and left about five a. m., that she had been delirious and screaming throughout the whole night.

She then complained greatly about pain in the head and neck; marked opisthotonos; indistinct, rather, double vision; strabismus; pupils contracted; extreme deafness; forearms, hands and kness thickly covered with an eruption similar to measles. What is this? I was asked. My answer was, it is Intermittent Fever and Cerebro Spinal Meningitis. I told them at the same time that I was not aware such a thing could be possible, but nevertheless it was so. I applied blistering liquid to the temples and behind the ears, six wet cupping glasses and afterwards icebags to the nape of the neck, ice to the head and the same powders as the day before with a large dose of Chloral Hydrate for the night. Thinking it rather singular, I consulted when I came home, my whole library, and found at last in Niemeier's Practice, in the original German edition, under Meningitis, a description of an Intermittent Meningitis and I was then doubly sure that my diagnosis was correct. On Tuesday morning the 28th, I was informed that the fever had not returned, that she slept soundly ten hours after the Chloral; upper and lower extremities cold; head hot, excessive pain in the head and neck, the latter quite stiff; strabismus; complete deafness; tongue moist and soft with white streaks in the centre; eruptions more extensive; great prostration; pulse almost regular. Ordered hot mustard fomentations to the arms and legs, ice-bags as usual, Bromide of Potassium and Ammonium in large doses, four times a day, and Chloral for the night in case she does not sleep. For a few days she progressed as favourably as could be expected, when on the 3rd of June the husband demanded a consultation with another physician, which I refused, telling him that I had not the least doubt or hesitation about the disease or treatment and if he brought another doctor I would not return. He got another doctor and I did not return until he came again on the 9th of June, telling me that his wife was dying, and begging me to see her again. I visited her again on Sunday night, the 9th of June and found that extensive Pleuro-pneumonia of the right side had been going on for some time, that she was extremely low, suffering at the same time from a bed sore on the right trochanter. Ordered, tincture iodine, painted over the right chest, hot fomentations, a mixture of senega and muriate of ammonia and small doses of morphine. From that time till now I have been unremitting in my attendance on her, and what experience and ingenuity could suggest, regarding diet and medicines, has been done and though weak and emaciated I have still hopes of her ultimate recovery. On the 1st and 2nd of June I had three new cases of the same disease, one in town, and two in the country, all three young men, between eighteen and twenty-one years of age, and in each case the intermittent fever commenced twice, not with a quotidian but with a tertian type, until with the third attack the symptoms of meningitis clearly showed themselves, in each case these young men were even partly able to work on the intermediate days. When I was called the intermittent type of the disease in two cases had left already and on account of the extreme rapidity of the pulse I commenced with tincture verat. viride, until the pulse was reduced and then followed it up with large doses of bromide of potassium and ammonium besides blistering, cupping and ice-bags. The eruptions in these three cases were large erythematous blotches; they recovered within from ten to twelve days.

I now ask the question: Is Cerebro Spinal Meningitis really an inflammation of the membranes of the brain and spinal cord? I deny it, because the intermittent type, as shown above, excludes the continuous process of inflammation. I can imagine an intermittent congestion, but an intermittent inflammation is a contradiction. Professor Miner, in the March number of the *Buffalo Medical Journal*, page 311, states that he did not find any symptoms of inflammation in the membranes, but that the appearances were normal.

I may add that two years ago last winter, there was an epidemic of meningitis, but not of an intermittent type, the first I ever saw, and of some twenty cases then attended by me, none died. They were similarly treated as now.

POISONOUS EFFECTS OF ANIMALCULÆ UPON THE HUMAN SYSTEM.

By J. P. Brown, M.D., Galt, Ontario.

As the following cases are somewhat anomalous, I consider it not inapropriate to communicate them to the *Lancet*.

About 10 p.m., on the 16th May last, I was summoned to a butcher's, about a mile from town. On arriving, I found Mr. A ———, his brother, and two hired men prostrated on the floor and bed, and laboring apparently under narcotico—irritant poisoning. The symptoms were vomiting, purging, burning pains in the stomach and bowels, cramps and contractions of the lower extremities, more or less stupor, constant thirst, pulse small and not much accelerated, except in one instance, and in that it was attended with cold clammy surface, and premonitory symptoms of collapse.

On hasty inquiry, I found that each patient had taken about a tumblerful of freshly churned butter-milk, except the last mentioned, who had taken twice the amount. Other members of the family, who had not taken the milk, were in their ordinary health. The milk was drank from an hour to an hour and a half, prior to commencement of symptoms; the first manifestation being that of giddiness. I also learned, that seven other individuals,—relatives of the family—and living in the village of Preston, had partaken of the same churning of butter-milk earlier in the day, with similar results, though of less severity. This of course was not known to the Galt family until within a short time of my arrival. The milk had been brought to Galt by Mr. A———'s father-in-law, immediately after churning.

The taste of the milk was as palatable as could be desired; and the friends positively asserted that it was impossible for poison to have got into it.

Judging from the facts, that ordinary mineral or vegetable poisons could scarcely be present, I administered ten drop doses of carbolic acid in albumen of egg, with the effect of quelling the emesis, and somewhat diminishing the frequency of the stools. The burning pains in the viscera and cramps in the legs remaining, I followed up the treatment by giving 1½ gr. doses of opium, after an interval of half an hour. In the worst case the opium was repeated; but in no case rejected by the stomach. Natural sleep occurred after varying intervals; and, on the following day, two were able to pursue their ordinary avocations, though aching limbs with general weariness and soreness still remained. Mr. A———, himself, who suffered most severely, did not recover for several days.

Mr. Henry Miller, Chemist and Druggist, kindly tested the milk for me, but found no trace of poison, either vegetable or mineral. We also examined it microscopically, and found large numbers of animalculæ. On examining good butter-milk of the same age and in the same manner, a small number of animalculæ were visible. In order to arrive at a satisfactory conclusion, a bottle of each sample of milk was set aside for a week. During this period, the latter divided, as is usually the case, into curds and whey; but the former, though left undisturbed, retained its consistency, and to the last looked as fresh as when churned. On subjecting it (the injurious milk) to the microscope again, it was found literally swarming with animalculæ, while the other sample scarcely exhibited any.

There are several conclusions, whether right or not, that I draw from the foregoing. First.—That in addition to the chemical tests used—the long interval which elapsed, between the imbibition of the milk, and the commencement of the symptoms, would preclude the possibility of ordinary irritant poisoning.—Second.—The presence of animalculæ, would preclude the same; as the existence of poisonous matters in themilk, would in all probability prove fatal to insect life.

Third.—That the animalculæ were the real evil; and that I am of the impression, that the germs or ovulæ, which produced them, were in the water drank by the cow which produced the milk.

I am aware—that many may say it is impossible, for living germs, to be absorbed from the chyme by the lacteals, carried by the blood to the milk follicles, and again absorbed into the mammæ. I acknowledge that it is impossible for a living animalcule to go through such an eventful career. The animalculæ examined, were as near as I could judge, from 1-5,000th to 1-7,000th of an inch in diameter. Remembering the immeasurable difference in the size, which always exists, between the germ or ovum, and the fully developed living being, it is quite possible for the germ of the animalcule to be so small, as to pass without obstruction through the lacteal and lactiferous absorbent systems; and that too without breaking any well established physiological law.—Physiologists tell us—"that cells cannot be absorbed without previous disintegration;" but if germs be so small as these disintegrated particles, I see no reason why their absorption should not take place, and that too, without destoying their inherent character and vitality.

GLAUCOMA.

BY R. A. REEVE, B.A., M.D.; LECTURER ON OPHTHALMIC AND
AURAL SURGERY, TORONTO SCHOOL OF MEDICINE,
AND ASSISTANT SURGEON TORONTO EYE AND
EAR INFIRMARY.

(Continued from page 504.)

CASE V.—SECONDARY GLAUCOMA OF LEFT EYE; GLAUCOMA SIMPLEX OF RIGHT.

The writer was desired by a medical confrère to examine a patient æt. 72, whose left eye had been rendered blind by an injury received three years previously. The eye was stone-blind and very hard, and glaucoma had evidently set in secondarily, the occasional attacks of pain in it, of which the patient complained, being due to inflammatory exacerbations. The episcleral vessels over the recti were very turgid and tortuous. The iris was adherent to the lens, which was cataractous, and there was distinct tremulousness of both when the eye moved. The cornea was vascular from superficial inflammation.

The sight of the right eye had been gradually fading for at least two years. The patient had heen practically blind for nearly a year, and he could now merely distinguish the position of a window. The eye had been quite free from pain. On a casual inspection, it appeared healthy, and the grey background to the pupil, apparent to the naked eye, naturally gave the impression that the case was one of simple cataract. However, on closer examination, the globe was found abnormally hard, (+ T. 1); the iris dull; the pupil large and inactive; by oblique illumination, the opacity of the lens destitute of striæ, &c., and like the diffuse physiological haziness of advanced age; and the suspicion of glaucoma simplex was confirmed by the use of the opthalmoscope, which revealed deep cupping of the optic nerve, and atrophy of the choroid. In view of the condition of the nerve and fundus, and of the degree and duration of the blindness, it was thought inadvisable to suggest an iridectomy on the right eye, especially as the patient was anxious for treatment solely to regain his sight. The blow upon the left eye at the time of the accident had very probably caused rupture or relaxation of the suspensory ligament of the lens. The latter had then become cataractous by mal-nutrition, and its oscillation had provoked sufficient irritation of the ciliary nerves to occasion hypersecretion, and, sooner or later, the absolute glaucomatous condition.

The value of the ophthalmoscope was manifest in this instance, for the appearance of the lens, the degree of vision, and the absence of pain were misleading, and suggestive of cataract. It may be remarked that the lens frequently appears clear with the ophthalmoscope, the details of the fundus being distinctly visible, when to the naked eye, or with oblique illumination, it seems somewhat opaque.

CASE VI.—GLAUCOMA SIMPLEX OF BOTH EYES.

The patient, a printer, æt. 56, has been in excellent health for a number of years, and worked at type-setting until 2½ years ago, when he contracted granular lids, for which his physician treated him several months. He says the sight was not impaired and the eyes were not painful, but he remembers noticing a rainbow around the lamp-flame as long as the inflammation of the lids continued. For several years prior to the attack he had occasionally worn glasses in reading, but could dispense with them without inconvenience. Since then he has been unable to read without spectacles, and even with those that suit him best his eyes soon become tired and ache. He has never had any intolerance of light. His sight for distance has remained unaffected, and his eyes are quite comfortable when he is not exerting them. About a year ago the slight exertion of the eyes required in paring potatoes etc., would excite so much pain in the eyes as to make him desist. He has observed from time to time, especially when fixing his gaze, a peculiar blurring that has caused transient dimness. The eyes were examined with the ophthalmoscope by an oculist about eighteen months ago, and pronounced healthy.

The sight of each eye for distance was found to be normal, (+$\frac{18}{16}$J) and the field of vision good. With his own spectacles, No. 15 convex, the patient could read fine print (2J), the smallest at hand, at 10 inches. The tension was somewhat increased (+T 1?). The pupils were of medium size but sluggish. The ophthalmoscope shewed congenital excavation of each optic nerve, and slight but positive glaucomatous excavation, the vessels being bent and their contour altered at the margin of the upper half of the optic disk. There was pulsation of the retinal veins, and moderate pressure upon the eye induced arterial pulsation.

The retinal arteries were reduced in calibre, and a narrow whitish ring encircled each optic disc. The examination was made without previously dilating the patient's pupil.

[In cases of suspected glaucoma, even where the pupil is comparatively small, as it was in this instance, it is advisable to dispense with mydriatics, for not a few cases are recorded in which an attack of acute inflammatory glaucoma followed the application of atropine to eyes that were in the premonitory stage or the seat of simple glaucoma. The state of the optic disc and of a portion of the fundus can be satisfactorily determined without a previous dilatation of the pupil; though the latter certainly facilitates a thorough examination with the ophthalmoscope. Unless the iris be turgid or inflamed, a very weak solution of atropine (gr. j. to eight ounces of water,) suffices to relax the sphincter, without paralysing the accomodation, or producing that blurring and photophobia which remain for several days after the instillation of strong solutions. The writer is in the habit of using atropised gelatine discs, (by Savory and Moore of London,) of the strength of $\frac{1}{20000}$ of a grain each. One of these placed at the bottom of the conjunctival sac will ordinarily enlarge the pupil sufficiently in about an hour; and in a few hours the effect will have passed off. The sulphate of atropia is much to be preferred to the alkaloid itself, in preparing solutions. On account of the ready solubility of the salt, we can dispense with such adjuvants as acid. tart, alcohol, &c., that are used to render the alkaloid soluble, and that frequently tend to excite unpleasant and injurious irritation of the eye.]

This case offers a good example of the insidious nature and slow progress of simple or chronic non-inflammatory glaucoma, and of the utility of the ophthalmoscope in detecting the initial organic changes. The eyes were seemingly healthy, and the degree of vision excellent; and but for the fact that the asthenopia prevented the man from following his ordinary avocation, he would not have suspected any disease.

The age of the patient, his good far vision, the confirmed presbyopia, and the asthenopia unrelieved by convex glasses, the periodic dimness, in conjunction with the observing of the colored rings some time previously, pointed to glaucoma; and the ophthalmoscope revealed the real nature of the disease. It was somewhat doubtful whether there was, really, increased tension of the globe. There was, at anyrate, an excessive rigidity of the sclerotic, a condition of considerable significance, for a slight increase of the intra-ocular fluids would cause undue pressure upon the optic nerve, &c. The pulsation of the retinal veins may occur in healthy eyes, but the ease with which arterial pulsation was induced in this case must be considered abnormal. The combination of two forms of excavation of the nerve, the congenital, and the glaucomatous, is of some interest. The distinction between the two is best seen in the earlier stages of chronic glaucoma. A double displacement of the vessels is produced, one on the whitish band at the edge of the disc, and the other at the margin of the central, physiological or congenital cup. The latter has no special import, but where it is large, it may be confounded with that produced by pressure.

From the statement of the patient, the cupping apparently began only about a year or more previously; had it not been detected, the case would have been regarded as a protracted *premonitory stage.* The inception of the disease was most probably coincident with the conjunctivitis. The hyperæmia and irritation of the globe, caused by the state of the lids, would tend to light up a glaucoma where there was any predisposition to it. Any further irritation of the eye from excessive use or exposure would now probably induce an inflammatory attack, and result in marked impairment of sight. The cupping of the nerve may, however, gradually increase, and the sight finally become greatly impaired or lost—the eye assuming the absolute glaucomatous condition—without the supervention of any noticeable intercurrent inflammation. An iridectomy would now permanently arrest the disease, preserve the present degree of vision, and relieve the symptoms of fatigue on using the eye (asthenopia.) The patient was a waif, and did not place himself under treatment.

General Remarks.—It is not our purpose to enter into an exhaustive discussion of glaucoma, but rather to make some general remarks of a practical nature on the text furnished by the foregoing cases. The formidable nature of the acute variety of the disease, and the insidious but ultimately destructive character of its chronic forms, in conjunction with its amenability to timely and appropriate treatment, render its early diagnosis, in many cases at least, a matter of considerable moment. Happily, although the ophthalmoscope is an important, and, in numerous instances, an almost indispensable appliance in making a satisfactory diagnosis, there are certain symptoms not difficult of detection, that enable one, without its aid, to form a pretty correct judgment.

The acute and chronic forms of inflammatory glaucoma are preceded, in the great majority of cases, by what is termed the *premonitory stage ;* and a brief reference may be made to the main symptoms of this condition. 1st. Increased tension of the eye-ball. The degree of tension often affords a clue to the condition of the eye. It is ascertained by placing the forefinger of each hand upon the closed eyelid, above the cornea, and gently practising palpation on the globe. A set of symbols has been introduced by Bowman, of London, by which we express nine degrees of tension : Tn being tension normal ; the + sign indicating increased, and the — sign diminished tension. Increased tension is characteristic of glaucoma, and whenever an eye is found abnormally hard, it should be watched, and the patient instructed not to neglect it if other symptoms present themselves. 2nd. The rapid increase of any pre-existing presbyopia. This is due to a want of innervation of the ciliary muscle from pressure upon its nerves, by which the accommodative power is very markedly impaired. The fact that a patient has been compelled to increase the strength of his reading-glasses frequently within a short period, should lead us to examine the eyes critically. 3rd. Dilatation and sluggishness of the pupil, especially the latter—due to pressure upon the ciliary nerves. 4th. Periodic dimness of sight, due to temporary cloudiness of the aqueous and vitreous humours, and defective intra-ocular circulation. 5th. The appearance of a halo or rainbow round a candle or lamp-flame—a common and significant symptom. 6th. Ciliary neuralgia—fleeting circum-orbital pains. 7th. Venous hyperæmia. When organic changes ensue, as cupping of the nerve, &c., with permanently impaired vision, the premonitory stage ceases, and confirmed glaucoma (G. evolutum) is present.

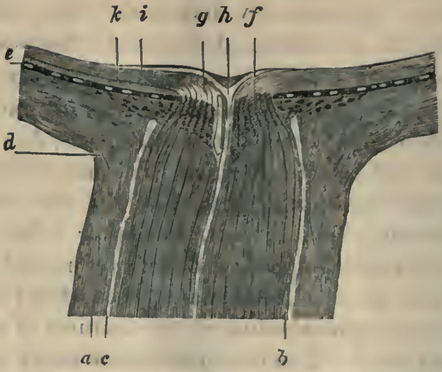
The prodromata may be so mild as to escape the patient's attention; and they may be so marked, as to simulate incipient iritis or acute *conjunctivitis.* In simple iritis, &c., however, the tension of the eye remains normal. The premonitory symptoms recur at longer or shorter intervals, the eye returning to an apparently healthy state; but, sooner or later, an attack of acute glaucoma is developed, and perhaps repeated, or the eye lapses into the chronic inflammatory condition; and ultimately passes into glaucoma absolutum, the features of which are well exhibited in Case 1. The condition of the nerve, as seen in Fig. 2, lends an explanation of the ophthalmoscopical appearances. The cup occupies the whole area of the optic disc. The dilated retinal veins, on reaching its edge, become enlarged and darker, and, with a more or less abrupt or beak-shaped curve, dip into the cup, on the bottom of which they appear smaller and ill-defined, Frequently, as was seen in Case 3, the vessels seem dislocated at the border of the excavation, the trunks on the disc being displaced laterally even to thé extent of their own width. The reflection from the connective tissue ring through the thinned and atrophied choroid, occasions the whitish ring, more or less broad, encircling the optic disc, in glaucoma. The cupping, &c., must be regarded as the physical effect of the increased tension, the degree and duration of which regulate the depth of the excavation. In the normal eye, the retinal vessels pass over the margin of the optic disc without any bending, as may be judged from Fig. 1.

The symptoms of acute glaucoma are fairly exemplified in Case 2. The suddenness of the attack and of the ensuing blindness, the dilated pupil, insensitive cornea and increased tension, would establish a diagnosis apart from the consideration that the other eye had been already lost.

The main distinction between the acute and chronic inflammatory forms is, that in the latter, as a rule, the eye becomes lost without the supervention of any acute attacks, as shown in Case 3.

The course, symptoms and final result of simple glaucoma

Fig. 1.



Longitudinal section of Optic Nerve and Tunics of the Eye.—[From STELLWAG.]

a Outer, thick, fibrous optic-nerve sheath, passing into the posterior and middle layers of the *sclera*, d.

b Inner, thin, fibrous sheath encircling the nerve-trunk up to the posterior border of the choroidal foramen, behind which it forms the so-called connective-tissue ring.

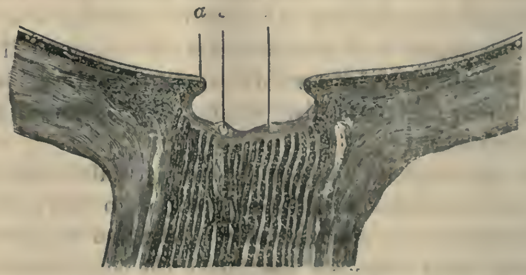
c Lymph-cavity between the outer and inner sheath, ending anteriorly in the sclera, and communicating posteriorly with the arachnoidal cavity.

e Choroid.

f *Lamina cribrosa,* formed by fibrous elements given off from the inner surface of the connective tissue ring and from the fibrous outer sheath of the *arteria centralis retinæ, h.* The optic nerve fibres, *g,* are shown in their continuity, passing through the cribriform tissue, losing their opaque sheaths, and spreading out in the anterior part of the retina.

k Bacillar layer of retina, membrana Jacobi (rods and cones.)

Fig. 2.



Longitudinal section of Optic Nerve, &c., showing the anatomico-pathological changes in total *glaucomatous* or *pressure excavation.*—[From STELLWAG.]

The optic disc, instead of being slightly convex, as in Fig. 1, is deeply cupped with steep or even overhanging borders, *a.* The optic nerve-fibres are atrophied, and the lamina cribrosa distended and pressed backward, and forming the walls of the excavation. The cavity is flask or kettle-shaped, from the narrowing of the nerve-trunk as it approaches the choroidal foramen. See Fig. 1.

b Nervous fibres, occasionally preserved, which pass over into the retina, the atrophied condition of which is made manifest by contrast. See Fig. 1.

The central vessels, c, are adherent to the sides of the cup. They are, therefore, much displaced, and undergo a double bending ere they course over the fundus.

have already been illustrated by several cases; but it should be remarked that, in the majority of instances, inflammatory attacks of varying degrees of severity do occur, with the effect of hastening an untoward result. In a case that first came under treatment in '69, several such attacks have supervened, the patient refusing to submit to an iridectomy.

While the ophthalmoscope may be necessary in such a case as No. 5, a little care will always suffice to distinguish the secondary cataract of absolute glaucoma, as in Case 1, left eye, from uncomplicated cataract. The normal tension, the healthy iris, and active pupil, the degree of sight, and the absence of pain in the history of the latter, would be conclusive.

There seems to be some misconception of the degree of blindness produced by simple mature cataract, that may be adverted to here, as likely to produce mischievous results in practice. The writer has now under his care a patient whose left eye has been stone-blind for years, but was operated on not long since by a surgeon, who couched the lens. In Case 1, left eye, for example, there was a mature senile cataract, but an extraction would have been worse than useless; for the eye was stone blind, and nearly as hard as a marble, and, no doubt, the nerve was in the condition shown in Fig. 2, page 562. The vision of the right eye, in Case 5, was perhaps more defective than is usually the case in simple cataract; and, as a general rule, in cataract, no operation should be done, simply with a view to restore the sight, unless the patient can discern a lamp-light in a darkened room, or the daylight streaming through a window, and the motion of an object between the eye and the light. The field of vision is very often curtailed in glaucoma, especially on the nasal side, so that we can often get useful information by testing a patient's vision with a lamp, in a dark room, or with a piece of chalk and blackboard—as in Case 4.

In connection with case 1, it is worthy of remark, that the symptoms of sympathetic gastric disturbance, nausea, vomiting, &c., occurring during an attack of acute glaucoma, have not unfrequently been regarded as pointing to a bilious attack: and it would perhaps be advisable, in cases of suspected bilious disorder, in elderly persons, to examine the eyes, if any complaint is made regarding them.

Whatever tends to arouse excessive secretory activity within the eye, favors the development of the glaucomatous condition—especially if the sclerotic be unyielding. Secondary glaucoma frequently supervenes on various diseases that excite sufficient irritation to incidentally act in this way, *e.g.*, diffuse corneitis, serous iritis, traumatic cataract, &c. ; and displacements of the lens, as in case 5, or after couching. Thus in the case of a farmer, æt. 51, who came under treatment five months after the operation of couching had been done on his left eye, the ball was abnormally hard, the eye red and irritable, and occasionally painful, pupil fully dilated, sight very poor, the hard nuclear part of lens rocking to and fro on the ciliary processes and iris, and the posterior capsule opaque. There was sympathetic irritation of the right eye, excited by the glaucomatous condition of the other, and the patient was unable to do his work. The nucleus was removed through a linear wound at the margin of the cornea; and in a fortnight the patient was dismissed with both eyes comfortable. Couching is now very properly discarded, because in a very large percentage of cases it not only destroys the eye by secondary inflammation, but endangers the safety of its fellow.

The etiology and essential nature of glacoma are not fully understood. We know that increased tension is its most characteristic symptom ; that it is a disease of senility. The rigidity of the sclera seems to play a part in developing the disease. Females are more susceptible of the disease than males, and they are especially liable at and after the climacteric period. The disease seems to be hereditary, and, as a rule, it attacks both eyes, though not simultaneously.

The prognosis of glaucoma is very unfavorable if the disease be neglected or inefficiently treated, for it ultimately destroys the sight, and in many cases produces in addition harrassing pain and physical debility.

The most important point in the treatment is to secure the permanent reduction of the excessive intra-ocular tension. This desideratum can only be effected by iridectomy. There is not an operative procedure in the whole range of general and special surgery that eclipses, in the rapidity and efficiency of its curative effects, iridectomy in acute glaucoma, as introduced by the late

Von Graefè. Paracentesis corneæ, the so-called tenotomy of the ciliary muscle, &c., have been found to exert only a temporarily beneficial result, whereas excision of a segment of the iris produces a radical effect. And the sooner it is done after the disease proper has appeared, the more perfect is the cure. If the operation is put off until marked organic changes have ensued, only partial success attends it. Hence it should be done before the premonitory stage passes over finally into the disease proper, or if acute inflammatory glaucoma has set in, the operation should be done without delay. In many cases, if done within a fortnight, the result is most excellent; and even when in late stages, if the field of vision be good, a useful amount of vision is restored. In the variety termed *glaucoma fulminans,* which is the most acute and destructive in its effects, the operation should be done as soon as possible. In the chronic-inflammatory form, the operation will, in the less advanced stages, generally stay the progress of the disease, and preserve the existing vision. In the simple or chronic variety, the operation proves useful, but, unless done early, it generally fails to improve vision. The disease is, however, arrested, and in more that 90 per cent. permanent protection from blindness is obtained. If the first operation produce an imperfect result, another segment of iris may be removed, and the effect is better when this is done from the side opposite to the first excision. In the last stages of glaucoma, if an iridectomy does not suffice to relieve pain, &c., it is sometimes advisable to enucleate the eye. At whatever stage the iridectomy be done, the incision in the cornea should be peripheral; a large piece of iris (about one-fifth) should be excised, the coloboma extending to the ciliary processes; and great care should always be exercised that the iris does not remain included in the wound, and so become involved in the cicatrix (anterior synechia), for its inclusion indirectly promotes the secretory irritability of the eye, and, therefore, a relapse. The typical compound coloboma is key-hole shaped, the edges of the artificial pupil being of equal length. When an iridectomy cannot be obtained, the inflammatory attacks —which are sometimes only distinguishable from simple iritis, or choroiditis by the increased tension or nerve cupping—should be treated by tapping the anterior chamber, atropine topically, morphia hypodermically, and depletion from the temples.

Paracentesis corneæ is often very useful, and iridectomy indispensable in secondary glaucoma, as *e. g.* in pannus, large corneal cicatrices from deep and extensive ulceration, progressive staphyloma, traumatic cataract, choroidal diseases, &c.

Selected Articles.

MULTIPLE ANEURISMS.

CASES TREATED BY DR. McLEOD, GLASGOW ROYAL INFIRMARY.

Lake, a discharged soldier, aged 37, had first noticed a pulsating tumour over the middle of his left femoral artery five years ago, when serving at the Cape. He ascribed the affection then seen to a strain. The nature of the tumour was recognized by his regimental surgeon, and an ineffectual attempt made to cure it by compression. He was dismissed from the service on account of the aneurism, and since his return home several other aneurismal swellings had appeared. There were, on admission, two on the left femoral; one on the left external iliac: one large diffused one in Hunter's canal on the right side, and two others higher up between the limits which the diffused one had attained and Poupart's Ligament. No other similar tumour was found elsewhere, and the heart, so far as could be made out, was free from disease. He was much emaciated, and suffered great pain in the right leg. Subcutaneous injections of morphia greatly relieved his suffering. The signs indicative of aneurism were very distinct and characteristic in all the tumours. From the giving way of the vessel in the lower part of the right thigh, and gangrene of the limb, which was impending, I determined to make an attempt to save his life by amputation in the thigh. No more hopeless case could well be imagined, and if it had not been for the courage displayed by the patient, and his strong entreaties to "give him a chance," I would hardly have ventured to operate. There was a very limited space between the mass of diffused blood below, and the next highest aneurism on that side and there was every reason to fear that the whole femoral was diseased. The patient was so weak I could not venture to move him from his bed, so I amputated his limb there, by the circular method. The artery held the ligature well and closed most successfully. He rallied quickly, and recovered perfectly, the aneurisms on that side becoming both rapidly consolidated, and one of them being quite absorbed before he left the hospital. He has resumed his occupation as a fish-hook maker, and the tumours on the left side make no progess.

Excision of the upper Jaw.—During this quarter I tried a modification of the ordinary way of operating, which, I think, was attended with very decided advantages. I have employed this modification twice since then in the hospital, and in all three cases the patients lost very little blood, and recovered rapidly. The point I allude to consists merely in beginning the incisions where they usually end, viz., at the outer angle of the eye, and dividing the articulation with the malar bone, before the incision is made any farther than merely allows of this being done. The orbital fascia is separated, and the eyeballs raised, before the incision is continued down the side of the nose, and the nasal process is also divided, and all bleeding vessels tied, before the lip is cut or the soft tissues raised. The division of the upper lip and the bony palate are thus left to the last, and the hæmorrhage is reduced to a minimum, and the annoyance which it occasions by the patient, (who has had time to recover partially from the chloroform when the other method is followed), ejecting the blood from his mouth, as is often the case, on all the bystanders, is avoided. When the operation is accomplished in the way I have above described, the hæmorrhage is much diminished, and the patient can be well anæsthetised before those final incisions are made by which blood gets an entrance into the mouth, and thus much of the repulsiveness of the operation is avoided.

Retention of Urine.—We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference, then those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments; and in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my ward is to give patients a warm bath, and to inject subcutaneously $\frac{1}{8}$ gr. of acetate of morphia, when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by another hot bath, and if that fails I am sent for. I can easily recall the few cases, out of the large number admitted, in which I have been forced to employ the catheter to relieve pressing symptoms, and in no case since I entered the hospital, has it been necessary for me to puncture the bladder. Chloroform is of inestimable service in the management of such cases. Twice within six months I have been able to fulfil two objects—to relieve the bladder and cure the stricture—when compelled to use instruments in retention, and it was as bearing on that circumstance, that the foregoing remarks were made. Having failed in one case of very close organic stricture, with much laceration of the canal, to introduce a catheter, I passed, with little difficulty, Holt's dilator, which, from its shape and construction, is very well fitted to pass a tight contraction, and thus I was able to split up the stricture at the same time that I relieved the bladder. This I have subsequently repeated in a similar case, with equally good effects; and, as such a use of Holt highly commended itself to me as a ready and effectual way of "killing two birds with one stone," I thought it worth while to relate it. I may add that it were well if the profession without the walls of the hospital would exercise more caution, and use less force in dealing with cases of retention.

Excision of the Tongue was successfully performed on a man aged 57, who suffered from epithelial disease for six months before admission. I had to remove the whole of the tissues below the tongue down to the muscles. The ecraseur was used. The patient was sitting up the day after the operation.

Hernia.—It is worthy of record that two cases of strangulated femoral hernia in young males came in during the half year. One patient was aged 20, and the other 18 and neither could give any account of how they had ruptured themselves. Both were sent into the house after many hours' strangulation, and with very urgent symptoms. They were operated on immediately after admission. In one the sac was opened, and he died on the third day of peritonitis. In the other (the less favourable of the two) the sac was left untouched, and he recovered rapidly

Severe Compound Fracture of the Skull, with loss of bone.—

From several very severe head injuries treated during the half year, I select the following :

A. D., aged 16, miner, sent in by Dr. Gorman, of Rutherglen. Had been crushed by the falling of a large stone from the roof of the pit, and a piece of bone (which he produced from his pocket) as large as a florin, knocked out of the left temple. The skull was fractured extensively over the left frontal and parietal bones, and the brain exposed at the spot from which the piece of bone was removed. There was also a large scalp wound across the back of the head. There was some bleeding from the wounds, but otherwise no complication arose. He never suffered pain or any disturbance. Both wounds healed quickly, and with very little suppuration. He never, after the first stunning effects of the blow passed off, had any " head symptoms " whatever, nor any form of paralysis. The pulsations of the brain, which had been very apparent after the wound healed, wholly disappeared before he left the hospital. Quietness, low diet, and attention to his bowels comprehended the whole treatment required. The patient's youth made the prognosis favourable from the first, and also the fact that the brain was not apparently lacerated, nor any fragments driven downwards.

Ovariotomy.—In the case operated on this half year, the method of managing the pedicle by torsion, which I brought under the notice of the profession in 1870, answered admirably. There was no difficulty with it, and not a drop of blood escaped. The case ended fatally. The tumour was a multilocular one, and the adhesions very extensive and firm, and the hæmorrhage therefrom very difficult to check. The operation was necessarily a long one, yet the patient (a woman of 35) rallied well. She died suddenly in 26 hours, apparently from exhaustion, as nothing wrong was discovered on *post-mortem* examination. The vessels of the pedicle were found to be quite impermeable and not to have shed a drop of blood.

Healing of Ulcers.—I have had several opportunities, during 1871, of trying the method I explained the previous year of healing ulcers by covering them with serum. I propose to enlarge the observations during the coming year, and vary the methods already employed. Several striking results have, however, been got. In one case, for, example, a sore the size of a penny was healed in 48 hours—in another one of three ulcers, each about the size of a florin, was experimented upon, and closed in three days, while the other two, in all respects similar, but treated by "water dressing," remained unchanged. In another case four hours and a half sufficed to produce a thin bluish covering of epithelium like the "healing line" along the edge of contracting sores. Considerable care is requisite to ensure success, as the fluid must be carfully protected from contact till it "sets." When these experiments are complete I will give an account of them.—*Glasgow Medical Journal.*

◆

DR. LIEBREICH'S ART CRITICISMS.

The eminent German Ophthalmologist, Dr. Liebreich, who, about a year ago, migrated from the continent to London, has created no small stir among the artists, art critics, and art teachers, by what they call his audacious explanations of the peculiarities of Turner's and Mulready's later paintings. After Ruskin and his disciples had exalted Turner and his style so high, and poured such withering contempt on all who are not prepared to echo their views, it is naturally most galling and unpleasing to them to have this surgeon attribute these "wonderful effects" to nothing more nor less than a disease of the eye.

Those of our readers not fully acquainted with the subject will readily comprehend Dr. Liebreich's views from the following brief and lucid exposition of them in the New York *Nation.* The year in which Turner's style commenced to manifest its peculiarities was 1831, after which date his pictures, Dr. Liebreich maintains, are altogether out of drawing. This disease consists in an affection of the crystalline lens, which, in its first stages, causes in the eye of the painter a diffusion of light, preventing his seeing with precision and definiteness the lighted parts of the object of vision, and this diffusion got expression in the pictures in a sort of bluish haze; then afterwards, as the disease made progress, a limited opacity developed itself in the crystalline lens, the consequence of which was, speaking roughly, that the painter could see illuminated surfaces vertically, but could hardly at all see horizontally; a mere point of light he saw as a vertical line which was the longer in proportion to the intensity of the light. Thus there will proceed from the sun in one of Turner's later pictures a vertical streak of light dividing the picture into two halves unconnected by any horizontal line. Objects less illuminated are distorted less, but still are all distorted more or less; thus persons in a boat, or houses near a canal, blend so entirely with their own reflections in the water that no horizontal line of demarcation between substance and shadow is in any way visible. The justice of these criticisms, which confounded many of his auditors, Dr. Liebreich is said to have demonstrated by means of a screen, a magic-lantern, a lens, and a copy on glass of one of Turner's Venetian pictures, painted before his eyesight had become affected. Placing the copy in the magic-lantern, he threw on the screen the picture as painted; then applying to the lantern a lens simulating the diseased eye, he showed to the audience the picture as Turner painted it on his second visit to Venice in 1839; "the resemblance to his pictures painted after this date was certainly very striking," says the *Academy*.

Most of the English medical weeklies coincide with the foreign savant's demonstration. But *The Doctor*, a London monthly, attacked it bitterly, and "exposed its fallacies;" and the *Saturday Review*, which is nothing unless critical, as everybody knows, and has been in times past savage on the Turnerites, disputed Dr. Liebreich's conclusions, though it blundered badly in its optics in doing so.

Later, a writer in the *Nation* defends Turner on the ground that whether the Turneresque effects may or may not be produced by a diseased lens and simulated by an artificial one, Turner, nevertheless, did wittingly what he put on canvas, as anybody can prove to themselves by looking at the sun and watching the effect on the visual powers of such excess of light. It will produce similar streaks of light and indistinctness of outline.

We presume the battle is by no means done yet. If the Turnerites take as their own the position that true art, the highest art, ought to represent objects as they appear to diseased or to half-blinded, tear-filled, dazzled eyes, and not to the eyes of health and comfort, they will doubtless maintain it with the same obstinacy as they have other equally sensible theories; and will, indeed, add still further to the lofty contempt with which they have regarded those artists who love to portray nature in her calm simplicity, in her sane and clear surroundings, in her positive yet infinitely suggesting forms, in her austerity and firmness, in her minute fidelity, and in her rigid positivism—qualities which they rank too low to allow any place in art.—*Phil. Med. and Surg. Reporter.*

KING'S COLLEGE HOSPITAL, LONDON.

Amputation of the Thigh.

The patient was admitted into King's College Hospital in March, at which time there was considerable tumefaction of the knee and wasting of the thigh; there was severe pain on pressure over the patella, and the external parts of the joints; frequent painful startings of the limb occurred at night; and the patient was much reduced in general health. Mr. Smith ordered local and general treatment, with the hope that anchylosis might occur; but, the symptoms continuing, it was resolved that excision of the knee should be performed. A very careful examination of the patient, however, was instituted, and it was ascertained that the urine contained a large quantity of albumen. Under these circumstances the operation was deferred, with the hope that the quantity of albumen might diminish; but no material change occurred in that respect, and amputation was determined upon and performed, the ordinary flap operation being executed. On examining the joint, it was found to be in progress of entire disorganization, the cavity being filled with purulent matter, the cartilages ulcerated, and the synovial membrane degenerated.

Removal of Scirrhous Breast.

The patient was under the care of Mr. Henry Smith. She had presented all the usual signs of scirrhous disease of the breast; but on the operation-table a thin fluid was observed oozing from the nipple, which is not usually seen in this disease, but is common in cystic disease of the breast. After removal, the tumour on section showed a good specimen of scirrhous. This case, Mr. Smith observed, was a very favorable one for operation. No glands were implicated, and the skin over the tumour was not adherent. The more he saw of this class of cases the less eager was he to operate: for if the disease is at all far advanced, all efforts to preserve life are nugatory. He refuses to operate in more than fifty per cent of the cases which come under his observation, as the patients do not come early enough. However, in this case, he hoped both to relieve the patient from her present anxiety and pain and to prolong her life.

HARE-LIP.

After the operation, Mr. Smith showed a child on whom he had operated some weeks ago for hare-lip. The child had also a cleft palate. This was a very bad case. The child had been operated upon before in the country; but, owing either to some failure in the after-treatment or the crying &c. of the child, the edges of the wound had not adhered. Those who saw him perform the operation would remember that he expressed his fears that the result might be good; for he had to pare away a great deal, and also had to detach the cheek almost as high as the orbit, so as to bring the pared edges together. After the operation a spring cheek compressor was put on. The child, as they saw, had done well, and this result was extremely good.

LIGATURE OF THE SUBCLAVIAN.

Sir W. Fergusson ligatured the subclavian for aneurism of the third part of the artery. The patient, a man about forty years of age, had noticed a pulsating swelling at the root of the neck, on the left side, since Christmas. He had been under treatment, and was at last sent to the hospital. The tumour was near the mesial line, and it was difficult to decide, before operating. where the artery should be tied. An incision was made along the clavicle, and then others above and below at right angles to it. After a long and careful dissection the aneurismal tumour was come upon, overlapping the scalenus muscle. It was pushed outwards and downwards and then the scalenus was seen; there was then some delay in making out the artery; at last it was seen on the outer margin of the muscle, and was ligatured there. Sir William Fergusson said this was the fourth time he had ligatured the subclavian; the first time more than forty years ago. The operation was a troublesome affair, as most of them are. A curious thing was noticed towards the end of the operation—a white serous fluid was seen at the bottom of the wound, and probably the thoracic duct was injured; yet it might not be so, as the subclavian was not seen, and he did not think he was near the angle where the duct joins the vein. The danger in operating on the left side is always greater on account of the duct.—*Lancet.*

REFLEX PARALYSIS.

Cases have been met with and recorded by medical men, of paralysis, which the amount of disease present in the nervous centers or coverings in post-mortem examinations did not satisfactorily account for, but which were associated with injuries and diseases of organs remote, and not immediately contiguous to the spinal marrow or the medulla oblongrta.

These cases, I believe, are now generally regarded by writers as cases of reflex paralysis. Dr. Brown-Séquard was the first to use this term in his Lectures on the "Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities," in 1861; and Dr. Jaccoud, in 1864, after objecting to this term, proposed to name this variety of palsy "paralysis from peripheral irritation;" and Dr. Handfield Jones, in the same year, employs the term "inhibitory paralysis" in his "Clinical Observations on Functional Nervous Diseases." Mr. Stanley, in 1834, records cases of paraplegia in which no morbid lesions could be detected in the cerebro-spinal axis, but where gonorrhœa, or diseases of the bladder, or renal affections had existed. Romberg, Graves, Rayer, Spencer Wells, and many others, from time to time, have recorded similar cases, showing that paralysis of remote parts may be associated with, and follow as an effect of renal disease, disease of the uterus, dysmenorrhœa, metritis, irritation from worms, teething, carious teeth, etc. If you scratch a pimple, the itching sensation is thrown to other and distant points, a homely but forcible illustration of the principles now under consideration.

But it is now my desire to briefly call attention to a variety of reflex palsy first spoken of by Drs. S. Weir Mitchell, George R. Moorehouse, and W. W. Keen, of Philadelphia, in 1864, which results suddenly from mechanical injuries, particularly gun-shot wounds: "for example: a wound involving the muscles of the right thigh, followed by reflected paralysis of the right arm and left leg; a wound of the right thigh, causing paralysis of the right arm; a wound of te right thesticle, followed by paralysis of the right anterior tibial muscle and peroneus longus; a wound of the external part of the left thigh, producing anæsthesia and analgesia of a corresponding part of the right thigh; a wound of the right thigh, probably involving the crural nerve, in which there was motor paralysis of the right arm." More examples might be given, and cases farther cited, but I deem those above quoted sufficient for illustration, and will give but one other example that came under my observation and care. Last fall, a German, forty-five years of age, fell from a loaded wagon; the wheel ran over his right leg, producing a very severe compound comminuted fracture, contusing and fearfully injuring the soft parts. Profuse suppuration came on, gangrene was strongly threatened, but eventually the wound healed. The man walked, but suddenly, on the 6th day of April, 1872, some six months or more from receipt of injury, paralysis of the right arm manifested itself, especially affecting the deltoid and extensor muscles, but not involving the use of the flexor muscles. By placing the palm of the hand flat upon a table he could not raise it; by turning it over he could, with ease. Now, May the 20th, he has almost entirely recovered the use of his arm, thus, by another example, supporting the remarks of prognosis made by Mitchell, Moorehouse and Keen: "That however great the lesion of motion or sensation at first, in all cases it grows better early in the case, and continues to improve until the part has nearly recovered all its normal powers; but in nearly all some relic of paralysis remains, even after eighteen months or more from date of wounding." They further remark that, "In some the part continues weak, in others there is still some slight loss of sensibility, and in others there persists considerable loss of power and sensory appreciation. In a case of reflex paralysis from a wound, we have, therefore, some right to expect that the patient will rapidly recover up to a certain point, but that in most cases a small amount of loss of power and sensation may be left." I have thus lengthily made the quotations above, because deemed so very applicable to the case cited, and hope they may be of interest, especially to those that may, perchance, have similar ones.—(*Dr. Simmons in the Med. & Surg. Reporter.*)

APPOINTMENT OF CORONOR.—Dr. P. H. Spohn of Penetanguishene, has been appointed coronor for the county of Simcoe.

ASPIRATION IN THE REDUCTION OF HERNIA.

At the meeting of the Académie de Médicine on May 21st, (*Medical Times & Gazette*,) "M. Demarquay presented a man 21 years of age, in whom he had reduced a strangulated congenital inguinal hernia by the aid of aspiration. On May 5th a tumour appeared in the left groin, accompanied by severe pains and vomiting, which persisted next day. At the end of twenty-four hours he was taken to the Paris Maison de Santé, where the taxis was employed without success. Ice was applied during the next twelve hours when M. Demarquay saw the patient. His features had undergone a great change, and fever was set up. A congenital, elongated, voluminous inguinal hernia was found to exist, and M. Demarquay paid the more attention to other measures, inasmuch as he had never succeeded in curing this description of hernia by operation. He applied carefully the taxis, while the patient was put into a deep sleep, with no effect, and he determined to try the effect of removing the intestinal liquids and gases by means of aspiration. A fine trocar was passed into the centre of the tumor, and by means of Potain's aspirator, about 120 grammes of intestinal liquid were drawn into the recipient. The tumor subsided completely, and the trocar having been removed, some minutes were allowed to elapse without touching the tumor in order to observe whether new liquids or gases would enter the strangulated intestine. No renewal of the tumefaction took place, and very slight pressure upwards sufficed to procure the return of the intestine into the cavity of the abdomen. The patient was kept quiet, and on low diet, fractional doses of opium being administered. No ill consequence followed. The case M. Demarquay regards as striking, and he proposes to apply this new mode of treatment—1. In all congenital herniæ and to recent herniæ which become strangulated at the time of their formation. 2. To old herniæ which were quite reducible a few days prior to strangulation, and in large umbilical herniæ that have been recently strangulated. 3. Aspiration, which has for its object facilitating the employment of the taxis, should only be employed at an early period, when one can be well-nigh certain of returning into the abdomen the intestine in an unaltered state, and capable of resuming its functions."—(*Medical Cosmos.*)

The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

☞ *Communications solicited on all Medical and Scientific subjects, and also Reports of cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.*

TORONTO, AUGUST 1, 1872.

MEETING OF THE MEDICAL COUNCIL.

The meeting of the newly elected Medical Council, the proceedings of which we give in another place, was held in this City, commencing on the 10th ult., and continuing three days.

There was not a very large amount of actual business before the Council, a great amount of it being merely routine; yet the meeting was, upon the whole, an interesting and pleasant one. Considerable discussion took place on various matters engaging their attention, and a great deal of time was spent in this way, not wholly unprofitable, although, in some instances, much was said that might better have not been said—we refer to those personal issues which are always cropping up when men of different views are brought in contact. The first day was occupied chiefly in the appointment of the officers, committees, &c.; Dr. Dewar, of Port Hope, who has been a member of the Council since 1866, was unanimously elected President, and Dr. Campbell, the leader of the Homœopathic and Eclectic section of the Council, was elected Vice-President. Dr. Dewar, in returning thanks to the Council for the honor conferred on him, took occasion to refer to the high standard of examination, which he said would compare with any board in the world. He also referred to the matriculation examination, to which he took exception. He would waive the examination in Greek, but would make compulsory an examination in German or French, and would also insist on a thorough examination in the English branches. He said it was impossible to speak of a man as highly educated who was deficient in English. He also alluded feelingly to the illness of Dr. Hodder, the representative of Trinity College Medical School, which deprived them of his presence and assistance. Dr. Campbell also returned thanks for the highly honorable position in which the Council by an unanimous vote had placed him. He entirely concurred in the remarks made by the President in reference to the matriculation examination, and expressed himself strongly in favor of a stringent examination in the English branches.

We congratulate Dr. Campbell and those he represents, and also the Council, on the change of sentiment which has taken place since they first met, in that the old feeling of antagonism has died out, and that while they still differ in reference to the treatment of disease, all are united in raising the standard of medical education, withou reference to school or creed. Whatever Dr. Campbell may have done under the old Homœopathic Board, we can bear testimony to his earnest and willing desire to carry out the intention of the present act, and to raise the standard of medical education to its legitimate place in this Province; and, whatever may be his creed in reference to dilutions in the treatment of disease, he is no dilutionist in matters connected with medical education.

The committee appointed to investigate the protest against the election of two members of the Council brought in a report of a very indefinite nature. They found that from *some cause or other*, many of the voters did not receive voting papers in time to have their votes recorded. They made no suggestion by way of remedying this state of things in future, and no word of censure for the culpable neglect on the part of the Registrar in not sending voting papers in time. In some instances, voting papers were not sent at all. We protest most strongly against the election of members of the Council being left in the hands of the Registrar, we do not care who he may be, and we trust that an amendment may be obtained before the next election, by which the elections may be simplified, and the power of the Registrar curtailed. Considerable discussion took place on the report of the committee on amendments to the Medical Act, especially in reference to the

7th clause, suggesting a diminution in the number of members of the Council and also of the examiners. Dr. Clarke, in introducing the report, said, that as the Eclectics had nothing distinctive in their body, they ought to fuse with the general profession, and in this way a reduction would take place without doing violence to any one. There were no new students applying from their body, nor was at all likely there would be, as the difference between them and the general profession was so slight, and they would therefore become extinct in time. Dr. Muir, (Eclectic) said, that the extinction of the eclectic body was inevitable, as the facilities afforded students in Canada for preparing for the allopathic examination were more favorable than for Eclectics. He thought it would be better to merge into the general body, as there was not enough difference to warrant the perpetuation of a sect. Dr. Cornell, (Eclectic), fully endorsed the statements of Dr. Muir. Drs. Bogart and Morrison were not yet prepared to accept that position. Dr. Aikins expressed himself as pleased with the turn things had taken, as it would henceforth allow Allopaths and Eclectics to meet in consultation.

Although the clause was not carried, we are very glad that the subject was brought under discussion. Enough was brought out to show that the current of feeling is setting strongly in favor of the amalgamation of the two bodies, and thus doing away with a useless division in the Council; as it is at present, the Eclectics must either continue under the wing of the Homœopaths and the leadership of Dr. Campbell, or join the general profession; and of the two alternatives it is not difficult to see which they will eventually choose. Of course Dr. Campbell is opposed to fusion, as he would at once lose the support of that body in the Council. There is no desire on the part of the general profession to urge, much less to co-erce the Eclectics into amalgamation, but whenever the latter are disposed to come in, the general profession will most cordially extend to them the right hand of fellowship.

In regard to the clause proposing an annual tax on the profession for the support of the Council, it is to be contingent on the passing of the penal clause. The Council will by no means tax the profession unless they get a *quid pro quo* in the shape of protection against unlicensed practitioners: and, we believe, there will be no opposition to the payment of a small annual tax, provided the profession is thoroughly protected against all kinds of quackery.

A matter brought up by Dr. Coburn, in reference to a breach of etiquette on the part of Dr. Carson, a member of the Council, elicited considerable discussion of a personal character. The substance of the charge was, that Dr. Carson is engaged in the manufacture and sale of patent medicines. One of these nostrums, the "*female regulator*," was singled out for attack. Dr. Carson tried in various ways to wriggle out of the position, but enough was elicited to show that he was connected with this disreputable business, and a resolution was moved, to strike his name from all Committees of the Council.

Dr. Berryman taxed him with a breach of faith, in promising a year ago to abandon this business, and said that he was not sure but that Dr. Carson could be tried for felony for selling one of these medicines. He felt sorry that an alumnus of Victoria College would be guilty of such practices, and he was bound to vindicate the honor of the University. He supported the resolution. Dr. Campbell, while condemning the medicines as abominations, argued that the Council was exceeding its power; that Dr. Carson was there as one of the representatives of the Eclectic body, and they could not freeze him out of the Council in that way. They might leave his name off any Committee, but they had no power to pass a resolution striking him off all Committees. Dr. Lawrence was of the opinion that the Council was only half-doing its duty in removing his name from all Committees. He deemed it monstrous that they should have one amongst them guilty of such acts. Dr. Edwards looked upon Carson's advertisement as sheer quackery. He thought it time for the Council to put its foot down in the matter. McGill College, Montreal, had threatened to cancel the diploma of a man who had put forth such medicines. Dr. Carson was severely censured by many other members of the Council, including members of his own body. The motion was carried by a majority of 14 to 6, and recorded in the minutes of the Council.

CANADA MEDICAL ASSOCIATION.—We beg leave to call the attention of the profession, to the meeting of the Canada Medical Association, to be held in Montreal on the 11th of next month, (September). We trust there will be a larger attendance than last year.

SUN STROKE.

During the heated term through which we have just passed, there have been a great many cases of sun stroke. In the city of New York, there were no less than 150 cases in one day, (3rd of July), one half of which were fatal. Dr. H. C. Wood has lately written a very interesting paper on this subject in which he says in regard to the old theory, that the disease depended on an alteration of the blood, he considers it no longer tenable. The changes which the blood undergoes in protracted cases are secondary, not primary. By vivisections and other experiments he established the fact that death was not caused by failure of the hearts action, but by failure of respiration, and that the peculiar hardening of the heart caused by the coagulation of the myosine of the heart muscle takes place *after* not *before* death. This arrest of respiration, Dr. Wood believes to be of nervous origin, and he instituted certain experiments which showed that a brain temperature of 112° to 114° F, was fatal to small animals as cats, rabbits &c. Heat was applied directly to the head by surrounding it with tubing, in which hot water was made to pass, an animal so treated becomes insensible, stupid and finally asphyxiated. The brain of man being more highy organized than that of the lower animals, it is probable that a less degree of heat will produce in man the same series of symptoms. The plan of treatment recommended and almost universally adopted is the external application of cold water or ice, both as a curative and prophylactic remedy. In this there is really nothing new—the cold douche having been long recommended by Indian Physicians who have had considerable experience in the treatment of this affection.

DIPLOMA OF MEMBERSHIP.

At its last annual meeting the *Council of the College of Physicians and Surgeons of Ontario*, ordered that a Diploma of membership should be issued to any member of the College who might desire it upon the payment of five dollars. Upon transmiting five dollars to Dr. Pyne Registrar of the College, Toronto, the Diploma referred to, printed upon parchment, in a suitable japanned tin-box, will be forwarded either by Express or any other manner preferred, to any Registered member of the College of Physicians and Surgeons of Ontario.

This Diploma which has been shown us, is very beautifully and tastefully got up and well worth the small amount charged for it.

CLOSE OF VOL. IV.—With the present number, we close Vol. IV. The index to the present Volume will be found in this number. Any one wishing to have the volume complete for binding, can be supplied with back numbers.

CORRESPONDENCE.

To the Editor of the "Canada Lancet."

DEAR SIR:—In the June number of the LANCET under the article of "Canadian Graduates," are you not in error? You say "when we bear in mind that all Colonial Graduates are compelled to spend *one year* in a Metropolitan Hospital before their admission to examination at the College of Physicians or Surgeons, London, &c."

Having attended the examination of the College of Surgeons London, lately, the question was not asked as to whether I had had attended a Metropolitan Hospital or not. All I had to do was, to show my class tickets and my Diploma from Queen's College, Kingston. I know several other Canadian Graduates who were in England only a few months, who presented themselves at the examination and obtained the Diploma of the College of Surgeons.

My reason for drawing your attention to the above is for fear some of my brethren in the profession might be dissuaded from going to England to obtain the Diploma of the College of Surgeons, if they were required to attend a Metropolitan Hospital for the time you mentioned. You have very truthfully said, that it is "very expensive," hence, some might be deterred on that account, if they had to remain in the old country for one year, under considerable expense all the time. The restriction you mentioned, if it was the law of the College of Surgeons, must at the present time be obsolete.

Yours, &c.,

J. McCammon, M.D.; M.R.C.S., Eng.

Kingston, July 8th, 1872.

[We beg leave to refer the writer of the above letter, to the rules and regulations of these colleges, as to the correctness of our statement. We are well aware, that neither he nor any graduate, who has been in practice for several years, is required to comply with this regulation, but all recent Colonial graduates,—to whom we referred—are obliged to spend one year in a Metropolitan Hospital prior to admission to the College of Physicians, London.] Ed.

(To the Editor of the Lancet.)

Sir,—In the May number of the *Lancet* I notice, on page 437, "University of Toronto, *first year scholarship*," the name of W. Ferrier. This young man a short time ago, after I had given up practice, came to this village, opened an office, put up a sign as "Doctor Ferrier," and an advertisement in the local German paper, announcing himself as "M.D.," and "Physician, Operating Surgeon and Accoucheur." The young man openly tells the public that this proceeding is sanctioned by the authorities of the University of Toronto, which I, as a matter of course, at once branded as a falsehood. For the honour of the Medical Profession of Ontario at large, I am bound to carry the law into effect and shall tell you the result afterwards, at the same time I have addressed a letter to Rev. Dr. McCaul, President of the University, stating the facts to him.

Yours, very truly,

GEO. NIEMEIER, M.D.

Neustadt, Ontario,
July 6th, 1872.

DEATHS.

Died, on the 28th of June, of congestion of the lungs, James Hackett, M. D., of Newmarket, aged 42. The deceased was a graduate of Trinity College, Toronto. He received his licence from the old Medical Board in 1857, and has therefore been in practice twenty-one years. He was highly respected by all classes of society, and his loss will be much felt.

On the 14th ult., Wm. R. Gilmour, M. D., Penetanguishene, in the 35th year of his age. Dr. Gilmour was also a graduate of Trinity College, Toronto, and received his licence in 1855. He was a very successful practitioner and possessed many fine traits of character.

On the 10th of July, Dr. Warren of Brooklin, Ont., in the 32nd year of his age. He leaves a wife and two children to mourn his untimely loss.

BOOKS AND PAMPHLETS RECEIVED.

Watson's Practice of Medicine, 5th Edition, revised and enlarged.—By Henry Hartshorne, M.A., M.D. Philadelphia: Lindsay and Blakiston. Toronto; Willing & Williamson.

History of Medicine.—By Robley Dunglison, M.D., LL.D. Edited by R. J. Dunglison M.D. Philadelphia: Lindsay & Blakiston. Toronto; Copp, Clark & Co.

Injuries of Nerves.—By S. W. Mitchell M.D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing and Williamson.

Angular Curvature of the Spine.—By Benjamin Lee M.A., M. D. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

Dr. Rigby's Obstetric Memoranda.—Edited by Alf. Meadows, M.D. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co.

Memoranda on Poisons.—By Thos. Hawkes Tanner, M.D., F. L.S., 3rd edition. Philadelphia: Lindsay & Blakiston. Toronto: Copp, Clark & Co.

BINDING SECT. APR 6 - 1967

R
11
C3
v.4
no.5-12
Biological
& Medical
Serials

The Canada lancet

1872

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE